#### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L00000015287** 

1. Entity Name GC VENTURES, LLC



Principal Place of Business

215 5TH STREET, SUITE 200 WEST PALM BEACH, FL 33401 Mailing Address

215 5TH STREET, SUITE 200 WEST PALM BEACH, FL 33401

### FILED May 02, 2005 08:00 AM Secretary of State



04282005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1096896 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

DO NOT WRITE IN THIS SPACE

ELHILOW, MARK B CPA 215 5TH STREET, SUITE 200 WEST PALM BEACH, FL 33401

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office of	ig its registered office or registered agent, or both, in the State of Florida. I	
the obligations of registered agent.	·	•
SIGNATURE.		

(NOTE: Registered Agent signature required when reinstating)

#### Filing Fee is \$50.00 Due by May 1, 2005

9.	MANAGING MEMBÉRS/MANAGÉRS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEATY, KEITH D 16 W RIVERSIDE DR JUPITER, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEATY, LINDA L 16 W RIVERSIDE DR JUPITER, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000355981 05/04/05-80017-016 50.00

# DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MARK ECHICLY THUS THE

4-28-05 54-659-3060