

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90054 023 ****50.00

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		
2. Principal Place of Business P.O. Box 3087 Suite, Apt #, etc		3. Mailing Address P.O. Box 3087 Suite, Apt #, etc			
City & State West Palm Beach, FL Zip: 33402 Country: USA		City & State West Palm Beach, FL Zip: 33402 Country: USA		4. FEI Number 65-1096896	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For: <input type="checkbox"/> Not Applicable: <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent ELHILOW, MARK B CPA 215 5TH STREET, SUITE 200 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name: <u>MARK B. ElhiLow, CPA</u> Street Address (P.O. Box Number is Not Acceptable): City: <u>FL</u> Zip Code:		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/18/06</u>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: P NAME: BEATY, KEITH D STREET ADDRESS: 16 W RIVERSIDE DR CITY - ST - ZIP: JUPITER, FL 33469	<input type="checkbox"/> Delete		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 395 Caribbean Road STREET ADDRESS: Palm Beach, FL 33480 CITY - ST - ZIP:		
TITLE: S NAME: BEATY, LINDA L STREET ADDRESS: 16 W RIVERSIDE DR CITY - ST - ZIP: JUPITER, FL 33469	<input type="checkbox"/> Delete		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 395 Caribbean Road STREET ADDRESS: Palm Beach, FL 33480 CITY - ST - ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY - ST - ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY - ST - ZIP:		
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY - ST - ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY - ST - ZIP:		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <u>MARK B. ElhiLow</u> <i>Trustee for Managing Member</i> <u>4/14/06</u> <u>561-658-9030</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					