

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000016258

1. Entity Name
GCR COMMERCIAL PROPERTIES, L.L.C.



Principal Place of Business
5445 VILLAGE DR., SUITE 103
VIERA, FL 32955

Mailing Address
5445 VILLAGE DR., SUITE 103
VIERA, FL 32955

DO NOT WRITE IN THIS SPACE



01262005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3699822

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALBRITTON, J. DON
5445 VILLAGE DR., SUITE 103
VIERA, FL 32755

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ALBRITTON, BRENDA P
5445 VILLAGE DR., SUITE 103
VIERA, FL 32955

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ALBRITTON, JEFFREY D
5445 VILLAGE DR., SUITE 103
VIERA, FL 32955

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
STABRYLA, FRANK
5445 VILLAGE DR., SUITE 103
VIERA, FL 32955

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000214965
02/04/05-80030-016 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Frank J. Stabryla

2/2/05 321-394-5554

Date

Daytime Phone #