

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90146 022 \*\*\*\*50.00

DOCUMENT # L00000016305

1. Entity Name  
GCEC, ASC L.L.C.



Principal Place of Business  
7152 COCO SABAL LA  
FORT MYERS, FL 33908

Mailing Address  
7152 COCO SABAL LA  
FORT MYERS, FL 33908

**DO NOT WRITE IN THIS SPACE**



02012006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
65-1065568

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PENUEL, JAMES W JR  
7152 COCA SABAL LANE  
FORT MYERS, FL 33908

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
PENUEL, JAMES  
7152 COCA SABAL LN  
FORT MYERS, FL 33908

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
YUDELMAN, PAUL L  
7152 COCA SABAL LN  
FORT MYERS, FL 33908

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
O'KONSKI, MARK S  
7152 COCA SABAL LN  
FORT MYERS, FL 33908

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
DADRAT, ANDREE A  
7152 COCA SABAL LN  
FORT MYERS, FL 33908

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
HERRERA, JUAN G.  
7152 COCA SABAL LANE  
FORT MYERS, FL 33908

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

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

Date

Daytime Phone #

JAMES PENUEL, 2/6/06

239-939-9939