


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L00000016305</b> 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**

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, 2007**

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 LANW FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**700094854037**  
**03/27/07--01033--010 \*\*200.00**

**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:** James W Penuel MD 2/28/07 239-939-9939  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**FILED**

2007 MAR 12 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1065568	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

2/11/07