## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # L02000013629**

1. Entity Name GC PROPERTIES, LLC

**FILED** Feb 10, 2005 8:00 am Secretary of State 02-10-2005 90192 007 \*\*\*\*55.00

| Principal Place of Business<br>804 SE 19 ST.<br>FORT LAUDERDALE, FL 33316   |   | Mailing Address<br>804 SE 19 ST.<br>FORT LAUDERDALE, FL 33316 |   | 20009791   |                            |                          |                          |  |  |
|---|---|---|---|--|----------------------------|--------------------------|--------------------------|--|--|
| 2 Principal F   | Place of Pusings  | 2 Mailing Address   |   |  |                            |                          |                          |  |  |
| 2. Principat Place of Business  |   | 3. Mailing Address  |   |  | ODENO NJOH DRIH ROHH BONIJ |                          |                          |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   | 02072005   | Chg-LLC                    | CR2E083                  | (10/03)                  |  |  |
| City & State  |   | City & State  |   | 4. FEI Numbe<br>22-3890  |                            |                          | <u> </u>                 | plied For<br>at Applicable             |  |
| Žip   | Country   | Zip   | Coun  | try  | 5. Certificate             | of Status Desired        | \$5<br>Fe                | 5.00 Add                               | ditional                               |
|   | 6. Name and Address of Current I  | Registered Agent  |   |  | 7. Name and                | Address of New Re        | gistered Age             | ent .                                  |  |
| ENRIQUE   | Z, STEPHEN C  |   |   | Name<br>ENRIG  | 4.F.2.                     | STEPHEN                  | ے                        |  |  |
|   | FLAGLER STREET, SUITE 600   | )   |   | Street_Address   | (P.O. Box Numbe            | r is Not Acceptable)     |                          |  |  |
| MIAMI, FL   | . 33130   |   |   | / <del>3E 3</del>  | RD AVE                     | _                        |                          |  | <del></del>                            |
|   |   |   |   | SUITI  | E 1442                     | 2                        |                          | 7:- 01                                 |  |
|   |   |   |   | City   | 41 FL                      | 33/3/                    | _ FL                     | Zip Cod                                |  |
|   | e named entity submits this statement for<br>tions of registered agent. | the purpose of changing its                                   | registere   | ed office or registe   | ered agent, or bot         | h, in the State of Flori | da. I am fam             | niliar with,                           | and accept                             |
| CICNATURE   | 5 5   |   |   |  |                            |                          |                          |  |  |
| SIGNATURE   | Signature, typed or printed name of registered agent a                  | nd title if applicable. (NOTI                                 | E: Registered   | d Agent signature require  | ed when reinstating)       |                          | DATE                     |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |   |   |   |  |                            |                          |                          |  |  |
|   |   |   |   |  |                            |                          | check pay<br>Departmen   |  | •                                      |
|   |   | RS/MANAGERS   | 10.   |  |                            |                          | Departmen                |  | 9                                      |
| 9. m£   | MANAGING MEMBEI   | RS/MANAGERS   | TITLE   |  |                            | Florida                  | <b>Departmen</b> CHANGES |  | Addilion                               |
| 9.<br>TITLE<br>NAME   | MANAGING MEMBER MGRM COVERS, GUNTHER                                    |   | TITLE<br>NAM  | E  |                            | Florida                  | <b>Departmen</b> CHANGES | t of State                             |  |
| 9. m£   | MANAGING MEMBEI   |   | title<br>Nami<br>Stre   |  |                            | Florida                  | <b>Departmen</b> CHANGES | t of State                             |  |
| 9. ITTLE NAME STREET ADDRESS  | MANAGING MEMBER MGRM COVERS, GUNTHER 2649 MARION DRIVE                  |   | title<br>Nami<br>Stre   | E ET ADORESS<br>-ST-ZIP  |                            | Florida                  | Departmen<br>CHANGES     | t of State                             |  |
| 9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME   | MANAGING MEMBER MGRM COVERS, GUNTHER 2649 MARION DRIVE                  | ☐ Delete  | TITLE NAME STRE CITY TITLE NAME   | E ET ADDRESS -ST-ZIP E   |                            | Florida                  | Departmen<br>CHANGES     | t of State                             | ☐ Addition                             |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | MANAGING MEMBER MGRM COVERS, GUNTHER 2649 MARION DRIVE                  | ☐ Delete  | TITLE NAM! STRE CITY- TITLE NAM! STRE   | E ET ADORESS -ST-ZIP E E EET ADORESS   |                            | Florida                  | Departmen<br>CHANGES     | t of State                             | ☐ Addition                             |
| 9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP  | MANAGING MEMBER MGRM COVERS, GUNTHER 2649 MARION DRIVE                  | □ Delete □ Delete   | TITLE NAME STRE CITY TITLE NAME STRE CITY   | E FT ADORESS -ST-ZIP E E E FT ADORESS -SI-ZIP  |                            | Florida                  | Departmen  CHANGES  C    | Change                                 | Addition                               |
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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 accordate 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 receipt or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP ,

954 523 - 3992