

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90134 003 \*\*\*\*50.00

**DOCUMENT # L02000015948**

1. Entity Name

GWCD HOLDINGS, LLC



Principal Place of Business

101 SE 21ST STREET  
FORT LAUDERDALE FL 33316

Mailing Address

101 SE 21ST STREET  
FORT LAUDERDALE FL 33316

2. Principal Place of Business

120 NE 4<sup>TH</sup> Street  
Fort Lauderdale, FL 33301

3. Mailing Address

120 NE 4<sup>TH</sup> Street  
Fort Lauderdale, FL 33301

**24063695**



MOORE CR2E083 (11/03)

4. FEI Number

13-4217131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, GEX F  
101 SE 21ST ST  
FORT LAUDERDALE-- FL 33316

7. Name and Address of New Registered Agent

Name  
S RICHARDSON, GEX F  
120 NE 4TH STREET  
FORT LAUDERDALE, FL 33301

City **FL** 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME WRIGHT, GLENN B JR  
STREET ADDRESS 101 SE 21ST ST  
CITY-ST-ZIP FT LAUDERDALE FL 33316

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition  
NAME WRIGHT, GLENN B JR  
STREET ADDRESS 120 NE 4th Street  
CITY-ST-ZIP Ft. Lauderdale FL 33301

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *pres.*

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

4-21-04

954-761  
3472

Date

Daytime Phone #