

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019378

Entity Name: GCB PLUS, LLC

FILED
May 01, 2005
Secretary of State

Current Principal Place of Business:

6104 NORTHWEST 19TH COURT
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

6104 NORTHWEST 19TH COURT
MARGATE, FL 33063

New Mailing Address:

FEI Number: 51-0418196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

MICHAEL T BLANGOR
6104 NW 19TH COURT
MARGATE, FL 33063 US

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.

SIGNATURE: MICHAEL T. BLANGOR

05/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BLANGOR, MICHAEL T
Address: 6104 NORTHWEST 19TH COURT
City-St-Zip: MARGATE, FL 33063

Title: MGR () Delete
Name: BLANGOR, GWENDOLYN
Address: 6104 NORTHWEST 19TH COURT
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL T. BLANGOR

MGR

05/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date