


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90007 047 ****55.00

DOCUMENT # L02000022162 1. Entity Name GCPI I, LLC	
---	---

Principal Place of Business 11890 SW 8TH STREET, SUITE 502 MIAMI, FL 33184	Mailing Address 11890 SW 8TH STREET, SUITE 502 MIAMI, FL 33184
--	--

DO NOT WRITE IN THIS SPACE



02152006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 51-0425729	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CANTENS, GASTON E
11890 SW 8 ST #502
MIAMI, FL 33184

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GCPI I MANAGER, LLC 11890 SW 8 ST #502 MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Gaston Cantens 2-22-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #