## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

**DOCUMENT # L02000022162** 

1. Entity Name GCPI I, LLC



**FILED** Apr 23, 2008 08:00 AN Secretary of State

Principal Place of Business

11890 SW 8TH STREET, SUITE 502 MIAMI, FL 33184

Mailing Address

11890 SW 8TH STREET, SUITE 502

MIAMI, FL 33184



04152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 51-0425729

Applied For Not Applicable

5. Certificate of Status Desired

\$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

		<u> </u>
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
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS	· 1000 1000 1000 1000 1000 1000 1000 10	· 10年1年 1月 1日
TITLE MGRM		
NAME GCPI I MANAGER, LLC		进行"支持機械網系與正定盟
STREFT ADDRESS 11890 SW 8 ST #502	■人工作事務等等等表示。 提供的企業的主張。	មេញ ១៩ សង្គម្មី សង្គម្មី សំព្
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TITLE		

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:

STREET ADDRESS CITY-ST-ZIP

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

Daytime Phone #