

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000023767

Entity Name: GCIGCCMA LLC

**FILED**  
**Jul 30, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

19538 SPRING OAK DRIVE  
EUSTIS, FL 32736

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 686  
MOUNT DORA, FL 32757

**New Mailing Address:**

FEI Number: 11-3651879      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:**

**Name and Address of New Registered Agent:**

RADA, GEORGE  
19538 SPRING OAK DRIVE  
EUSTIS, FL 32736 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: RADA, GEORGE  
Address: 19538 SPRING OAK DR.  
City-St-Zip: EUSTIS, FL 32736

**ADDITIONS/CHANGES:**

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: GEORGE RADA

PRES

07/30/2005

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