2008 LIMITED LIABILITY COMPANY

FILED Feb 25, 2008 08:00 AM ate

ANNUAL REPURI			100 20, 2000 00.0	
DOCU	MENT # L02000032553	O. W. Control	Secretary of Sta	
1. Entity Nam			-	
GCP INVESTMENTS, LLC				
Principal Plac	ce of Business Mailing Address			
Principal Place of Business Mailing Address 9090 SW 87TH COURT 9090 SW 87TH COURT				
MIAMI, FL 33176 MIAMI, FL 33176				
			I MANUALI AN ARMA MANUANTI AND AND SAND SAND MANA MANUANTE MANUANTE (C) (CA)	
	the state of the s	21 1 37 44		
			ן איני אינים אינים אינים אינים אינים אינים אינים אינים פונים אינים אינים אינים אינים אינים אינים אינים אינים א אינים אינים אי	
			01072008 No Chg-LLC CR2E083 (12/07)	
	O NOT WRITE IN THIS SPA	ACE	4. FEI Number Applied For	
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	13-4224384 Not Applicable	
			5. Certificate of Status Desired 5.00 Additional	
ļ	6. Name and Address of Current Registered Agent		Fee Required	
	U. Name and Address of Current Registered Agent	\dashv		
POZO, JAIME			DO NOT WRITE	
9090 SW 87TH CT MIAMI, FL 33176				
IVIIAIVII, I L	33170		IN THIS SPACE	
• The above	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 obligat	o names antity submits this statement for the purpose of changing its registions of registered agent.	gerea aura ar rediziar	ed agent, or both, in the State or Horida. Tarri familial with, and accept	
1/8/68				
SIGNATURE.	Signature, typed or printed name of registered opent and alle if applicable. (NOTE: Regis	stered Agent signature required	when reinstating) DATE	
OBCはたまた 野田 F	NOWIII FEE IS \$138.75		000000836870 03/04/08-80034-008 138.75	
After May	y 1, 2008 Fee will be \$538.75		03/04/08-80034-008 138.75	
9.	MANAGING MEMPERCAMANAGERS			
TITLE	MANAGING MEMBERS/MANAGERS MGR	*		
NAME	POZO, JAIME			
STREET ADDRESS		ich to for the	and the state of t	
CITY-ST-ZIP	MIAMI, FL 33176			
TITLE				
NAME STREET ADDRESS		N		
CITY-SI-ZIP		,		
TITLE			r ·	
NAME		ľ		
STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE	
TITLE		-		
NAME			IN THIS SPACE	
STREET ADDRESS		sart .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
CITY+ST-ZIP			with the state of	
TITLE				
NAME STREET ADDRESS		9.99 (4)		
. City-St-ZIP	1.7. 200 (02.10) 2.12.12.12.12.1	and the state of t		
TITLE				
NAME		100	The state of the s	
STREET ADDRESS			and the second of the second o	

11. I hereby certify that the information supplied with this filting 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY ST-ZIP

SIGNATURE:

SIGNATURE:

SIGNATURE AND DIED OF PRINTED MIME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/8/08

Date

3052718562

Daytime Phone #