


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

03-03-2006 90007 048 ****55.00

DOCUMENT # L03000003538 1. Entity Name GCPI II MANAGER, LLC	
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Principal Place of Business 11890 SW 8TH STREET SUITE 502 MIAMI, FL 33184	Mailing Address 11890 SW 8TH STREET SUITE 502 MIAMI, FL 33184
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DO NOT WRITE IN THIS SPACE



02152006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 54-2099632	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CANTENS, GASTON E
11890 SW 8TH STREET
SUITE 502
MIAMI, FL 33184

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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 CANTENS, GASTON 11890 SW 8TH ST MIAMI, FL 33184
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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 2522-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #