2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L03000019592

Entity Name: GCF VENTURES, LLC

Current Principal Place of Business:

2025 EAST SEVENTH AVE.
TAMPA, FL 33605

New Principal Place of Business:

2025 EAST SEVENTH AVE.
TAMPA, FL 336053901

Current Mailing Address:

2025 EAST SEVENTH AVE.
TAMPA, FL 33605

New Mailing Address:

2025 EAST SEVENTH AVE.
TAMPA, FL 336053901

FEI Number: 20-0122555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
C/O JEFFREY C. SHANNON
501 E. KENNEDY BLVD., STE. 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: MGRM ( ) Delete
Name: FEDOROVICH, DENNIS J
Address: 2025 E. 7TH AVE.
City-St-Zip: TAMPA, FL 33605

Title: MGRM ( ) Delete
Name: CAMPBELL, GUY
Address: 2025 E. 7TH AVE.
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FEDOROVICH, DENNIS J
Address: 2025 E. 7TH AVE.
City-St-Zip: TAMPA, FL 336053901

Title: MGRM (X) Change ( ) Addition
Name: CAMPBELL, GUY
Address: 2025 E. 7TH AVE.
City-St-Zip: TAMPA, FL 336053901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DENNIS J. FEDOROVICH MGRM 04/29/2009

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