

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90073 013 \*\*\*\*50.00

**DOCUMENT # L03000021000**

1. Entity Name  
**GVC MARKETING, LLC**



Principal Place of Business  
**6770 LANTANA ROAD STE. 3  
LAKE WORTH, FL 33467**

Mailing Address  
**6770 LANTANA ROAD STE. 3  
LAKE WORTH, FL 33467**

**24057538**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**56-2372220**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GREENBERG-STEVEN M ESQ~~  
~~C/O AKERMAN SENTERFITT~~  
~~222 LAKEVIEW AVENUE FOURTH FLOOR~~  
~~WEST PALM BEACH, FL 33401~~

Name **STEVEN M. GREENBERG, ESQ.**

Street Address (P.O. Box Number is Not Acceptable)

**200 E. LAS OLAS BLVD., SUITE 2040**

City **FT. LAUDERDALE**

FL

Zip Code **33301**

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 **STEVEN M. GREENBERG**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-24-04**

DATE

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PRESIDENT** ☐ Delete  
NAME **ADRIANA VELAZ**  
STREET ADDRESS **6473 NIKE WAY**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP-MARKETING** ☐ Delete  
NAME **SCOTT COOPER**  
STREET ADDRESS **6682 BLUE BAY CIRCLE**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP-GENERAL COUNSEL** ☐ Delete  
NAME **STEVEN M. GREENBERG**  
STREET ADDRESS **12519 EQUINE LANE**  
CITY-ST-ZIP **WELINGTON, FL 33414**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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: **STEVEN M. GREENBERG**

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

**4-24-04**

Date

**561-951-9298**

Daytime Phone #