~2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000021000

1. Entity Name
GVC MARKETING, LLC

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

04172006 No Chg-LLC CR2E083 (11/05)

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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

GREENBERG, STEVEN M ESQ
12549 EQUINE LANE
WELLINGTON, FL 33414

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

U00000024502
05/03/06-80115-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	VELEZ, ADRIANA
STREET ADDRESS	6473 NIKKI WAY
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	VP
NAME	COOPER, SCOTT
STREET ADDRESS	6682 BLUEBAY CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	VP
NAME	GREENBERG, STEVEN M
STREET ADDRESS	12549 EQUINE LANE
CITY-ST-ZIP	WELLINGTON, FL 32414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Scott Cooper 4/17/06 (561) 5128897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #