

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022282

Entity Name: GECS OF FLORIDA LLC

FILED  
May 02, 2005  
Secretary of State

## Current Principal Place of Business:

1275 LAKE SHADOW CIRCLE  
# 13-304  
MAITLAND, FL 32751

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 940924  
MAITLAND, FL 327940924

## New Mailing Address:

FEI Number: 06-1702555      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

MIZELL, GREGORY L  
1275 LAKE SHADOW CIRCLE  
# 13-304  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

MIZELL, GREGORY L  
P O BOX 940924  
MAITLAND, FL 327940924 US

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:

05/02/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: MIZELL, GREGORY L  
Address: 1275 LAKE SHADOW CIRCLE APT 13-304  
City-St-Zip: MAITLAND, FL 32751

Title: MGRM ( ) Delete  
Name: MIZELL, EARLENE  
Address: 1275 LAKE SHADOW CIRCLE APT 13-304  
City-St-Zip: MAITLAND, FL 32751

Title: MGRM ( ) Delete  
Name: MIZELL, SABRINA  
Address: 1275 LAKE SHADOW CIRCLE APT 13-304  
City-St-Zip: MAITLAND, FL 32751

Title: MGRM ( ) Delete  
Name: OGLETREE, CONTESSA  
Address: 539 CARLTO POINTE DRIVE  
City-St-Zip: PALMETTO, GA 30268

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MIZELL, GREGORY L  
Address: P O BOX 940924  
City-St-Zip: MAITLAND, FL 327940924

Title: MGRM (X) Change ( ) Addition  
Name: MIZELL, EARLENE  
Address: P O BOX 940924  
City-St-Zip: MAITLAND, FL 327940924

Title: MGRM (X) Change ( ) Addition  
Name: MIZELL, SABRINA  
Address: P O BOX 940924  
City-St-Zip: MAITLAND, FL 327940924

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EARLENE MIZELL

MGRM

05/02/2005

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