


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000025419		
1. Entity Name G & C COMMERCIAL PLAZA, LLC		

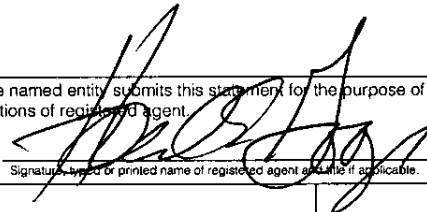
Principal Place of Business 613 SW BRANFORD RD PORT ST LUCIE, FL 34983	Mailing Address 613 SW BRANFORD RD PORT ST LUCIE, FL 34983
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2. Principal Place of Business 710 Port St. Lucie Blvd. Suite, Apt. #, etc.	3. Mailing Address 210 Camino St. Suite, Apt. #, etc.
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City & State Port St. Lucie, FL	City & State Port St. Lucie, FL	4. FEI Number 56-2417573	Applied For <input type="checkbox"/> Not Applicable
Zip 34953	Country USA	Zip 34952	Country USA

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GOOGE, HOWARD E JR ESQ 401 E OSCEOLA STREET STUART, FL 34994		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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.

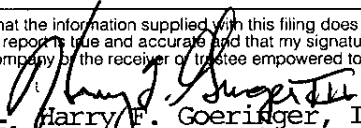
SIGNATURE  DATE 10/18/04

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

FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Harry F. Goeringer, III, Trustee 210 Camino St. Port St. Lucie, FL 34952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jeanette Collett 210 Camino St. Port St. Lucie, FL 34952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Harry F. Goeringer, III DATE 10/15/04 772-343-0674

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

FILED
2004 OCT 20 AM 8:57
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



10132004 REIN-LLC CR2E101 (6/04)

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10/20/04--01051--003 **\$5.00