


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90039 019 ****50.00

DOCUMENT # L03000030705	
1. Entity Name GCP INVESTMENTS, LLC	

Principal Place of Business 3637 VASSAR ST. PORT CHARLOTTE, FL 33980	Mailing Address %DAVID A HOLMES, FARR, FARR, EMERICH POST OFFICE DRAWER 511447 PUNTA GORDA, FL 33951-1447
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2. Principal Place of Business	3. Mailing Address 99 NESBIT STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PUNTA GORDA, FL	City & State PUNTA GORDA, FL
Zip 33950	Country US

14002332



01052005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0185479	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HOLMES, DAVID A ESQ FARR, FARR, EMERICH, ET AL 99 NESBIT ST. PUNTA GORDA, FL 33950-3636	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	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	MGR PANJIKARAN, GEORGE C 3637 VASSAR ST PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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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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

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: GEORGE C. PANJIKARAN, MANAGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #