

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009801

Entity Name: GCM PARTNERS, LLC

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

211 EAST MAIN STREET, SUITE 180
LAKELAND, FL 33801

New Principal Place of Business:

211 EAST MAIN STREET, SUITE 100
LAKELAND, FL 33801

Current Mailing Address:

211 EAST MAIN STREET, SUITE 180
LAKELAND, FL 33801

New Mailing Address:

211 EAST MAIN STREET, SUITE 100
LAKELAND, FL 33801

FEI Number: 36-4547702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPTON, J. WESLEY
211 EAST MAIN STREET, SUITE 180
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

COMPTON, J. WESLEY
211 EAST MAIN STREET, SUITE 100
LAKELAND, FL 33801 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:

04/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: COMPTON, J. WESLEY
Address: 6502 BLACKFIN WAY
City-St-Zip: APOLLO BEACH, FL 33572

Title: MGRM () Delete
Name: GEORGES, ROBERT J
Address: 546 LAKE HOLLINGSWORTH
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES:

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

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: J. WESLEY COMPTON

PRES

04/19/2005

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