

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:19

DOCUMENT # L04000028474 1. Entity Name GMC FAMILY PARTNERS, LLC	
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Principal Place of Business 1645-A MANOR ROAD ENGLEWOOD, FL 34223	Mailing Address 1645-A MANOR ROAD ENGLEWOOD, FL 34223
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DO NOT WRITE IN THIS SPACE

	
01062006 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-1041188	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOWE, MIKE CPA
 11045 TAMIAMI TR S
 NORTH PORT, FL 34287

DO NOT WRITE
IN THIS SPACE

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

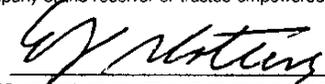
Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	SLATTERY, EUGENE J
STREET ADDRESS	1645-A MANOR ROAD
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	MGR
NAME	SLATTERY, MICHAEL J
STREET ADDRESS	1645-A MANOR ROAD
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	MGR
NAME	SLATTERY, CHRISTOPHER E
STREET ADDRESS	1645-A MANOR ROAD
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	ST
NAME	SLATTERY, EUGENE J
STREET ADDRESS	1645-A MANOR ROAD
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

500080085625
09/22/06--01040--021 **\$5.00

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:  9.15.06 941-809
4911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #