

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028474

FILED  
Aug 18, 2009  
Secretary of State

Entity Name: GMC FAMILY PARTNERS, LLC

**Current Principal Place of Business:**

1008 KAYAN ST.  
NORTH PORT, FL 34288

**New Principal Place of Business:**

1645A MANOR RD.  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

1008 KAYAN ST.  
NORTH PORT, FL 34288

**New Mailing Address:**

1645A MANOR RD.  
ENGLEWOOD, FL 34223

FEI Number: 20-1041188      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

**Name and Address of New Registered Agent:**

SLATTERY, EUGENE  
1645A MANOR RD.  
ENGLEWOOD, FL 34223      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SLATTERY, EUGENE J  
Address: 1645-A MANOR ROAD  
City-St-Zip: ENGLEWOOD, FL 34223

Title: MGR      (X) Delete  
Name: SLATTERY, MICHAEL J  
Address: 1645-A MANOR ROAD  
City-St-Zip: ENGLEWOOD, FL 34223

Title: MGR      (X) Delete  
Name: SLATTERY, CHRISTOPHER E  
Address: 1645-A MANOR RD  
City-St-Zip: ENGLEWOOD, FL 34223

**ADDITIONS/CHANGES:**

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

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 exemption stated in Chapter 119, 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: EUGENE J. SLATTERY

MGR.

08/18/2009

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