

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000030025**

1. Entity Name  
**GC INVESTMENTS, LLC**



Principal Place of Business  
**14600 S.W. 136 STREET  
MIAMI, FL 33186**

Mailing Address  
**14600 S.W. 136 STREET  
MIAMI, FL 33186**



02072006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1037762**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HARRIS, ELLIOTT  
111 SW 3RD STREET, 6TH FLOOR  
MIAMI, FL 33130**

**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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
MGC/MIL, LLC  
14600 SW 136 STREET  
MIAMI, FL 33186**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
MRC/ASIA, LLC  
14600 SW 136 STREET  
MIAMI, FL 33186**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
PGC/LLC  
14600 SW 136 STREET  
MIAMI, FL 33186**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

000000433532  
02/24/06-80022-002 55.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Elliott Harris*

**Authorized  
Representative**

**2/9/06**

**(305) 358-0146**

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

Date

Daytime Phone #