

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037132

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: ANGEL RECORDS BY GPC, LLC

**Current Principal Place of Business:**

9209 NW 49TH PLACE  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

9209 NW 49TH PLACE  
SUNRISE, FL 33351

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GORDON, TONY CEO  
9209 NW 49TH PLACE  
SUNRISE, FL 33351 US

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

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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GORDON, TONY CEO  
Address: 9209 NW 49TH PLACE  
City-St-Zip: SUNRISE, FL 33351

Title: MGRM ( ) Delete  
Name: CASANOVA, RENE M.D.  
Address: 2924 SW 92ND CT  
City-St-Zip: MIAMI, FL 33165

Title: MGRM ( ) Delete  
Name: PETILLO, MICHAEL  
Address: 45 TUMBLEBROOK RD  
City-St-Zip: WOODBRIDGE, CT 06525

**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 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: MICHAEL PETILLO

MGRM

04/26/2005

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