

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056219

Entity Name: GCG MANAGEMENT, LLC

FILED
Jun 15, 2009
Secretary of State

Current Principal Place of Business:

12216 SW 132 CT
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

8701 SW 110 STREET
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 20-2235456 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

ALONSO, CYNTHIA
7831 SW 89 CT
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

ALONSO, CYNTHIA
8701 SW 110 STREET
MIAMI, FL 33176 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: CYNTHIA ALONSO

06/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALONSO, CYNTHIA
Address: 7831 SW 89 CT
City-St-Zip: MIAMI, FL 33173

Title: MGRM () Delete
Name: ALONSO, GASTON
Address: 7831 SW 89 CT
City-St-Zip: NORTH MIAMI, FL 33173 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALONSO, CYNTHIA
Address: 8701 SW 110 STREET
City-St-Zip: MIAMI, FL 33176

Title: MGRM (X) Change () Addition
Name: ALONSO, GASTON
Address: 8701 SW 110 STREET
City-St-Zip: MIAMI, FL 33176 US

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: CYNTHIA ALONSO

MGR

06/15/2009

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