## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 19, 2005 8:00 am Secretary of State **DOCUMENT # L04000057737** 04-19-2005 90017 021 \*\*\*\*50.00 1. Entity Name GCR HOLDINGS, LLC Mailing Address Principal Place of Business -000//38 7767 NAPLES HERITAGE DRIVE 7767 NAPLES HERITAGE DRIVE NAPLES, FL 34112 NAPLES, FL 34112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122005 Chg-LLC CR2E083 (10/03) Applied For City & State 4. FEI Number City & State <u>20-1515971</u> Not Applicable \$5.00 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREENWOOD, LOUISE N Street Address (P.O. Box Number is Not Acceptable) 7767 NAPLES HERITAGE DRIVE NAPLES, FL 34112 Zip Code 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 lamiliar with, and accept the obligations of registered agent. The second section of the second second 3.2. 50 62 94 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 -Due by May 1, 2005 NECOMPLACIO AGUSTA DU CIN to the property of the propert Make check payable to Tuli Piči i ni Tuli aktili Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE ☐ Delete TITLE RICHARD BYOUNG . 1968 TRUST ... LOUISE N. GREENWOOD 1984 TRUST NAME NAME 5-PILGRIM-DRIVE----7767 NAPLES HERITAGE DRIVE -- --STREET ADORESS STREET ADDRESS CITY-ST-ZIP BEDFORD NH 03110 CITY-ST-ZIP NAPLES, FL 34112 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Сћалре Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITE F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZİP CITY-ST-ZIP mle ☐ Change ☐ Addition TITLE ☐ Delete Sangle / Colors G NAME NAME STREET ADDRESS STREET ADDRESS

**FILED** 

I hereby certify that the information supplied with this filing does not qualify 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 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.

CITY-ST-7IP

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PUCHARD B. YOUNG RICHARD B. YOUNG OF PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE 603:622-2200