

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Jul 20, 2006 08:00 AM  
Secretary of State**

DOCUMENT # L04000064792 1. Entity Name GC SOLUTIONS, LLC	
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Principal Place of Business 740 COMINO LAKES CIRCLE BOCA RATON, FL 33486 US	Mailing Address 740 COMINO LAKES CIRCLE BOCA RATON, FL 33486 US
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**DO NOT WRITE IN THIS SPACE**



07072006No Chg-LLC CR2E083 (11/05)

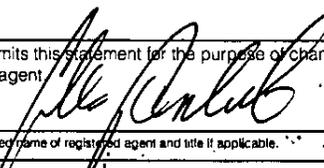
4. FEI Number 82-0133996	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PAVLICK, GLEN  
740 CAMINO LAKES CIRCLE  
BOCA RATON, FL 33486

**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:  DATE: 7/17/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

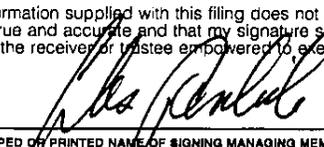
**Filing Fee is \$50.00  
Due by September 6, 2006**

U00000571453  
07/20/06-80010-005 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAVLICK, GLEN 740 COMINO LAKES CIRCLE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAVLICK, CLAY 740 COMINO LAKES CIRCLE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  DATE: 7/17/06 DAYTIME PHONE #: 954-675-4302

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