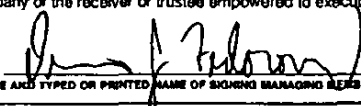


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-02-2005 90091 005 ****50.00

DOCUMENT # L04000066265 1. Entity Name GCF VENTURES OF SOUTH TAMPA, LLC					
Principal Place of Business 2025 EAST SEVENTH AVE. TAMPA, FL 33605			Mailing Address 2025 EAST SEVENTH AVE. TAMPA, FL 33605		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1597647	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHANNON, JEFFREY C 501 E. KENNEDY BLVD. SUITE 1700 TAMPA, FL 33602				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 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)					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	Gormmont, Richard		NAME		
STREET ADDRESS	2025 E. 7th Ave.		STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33605		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	Campbell, Guy		NAME		
STREET ADDRESS	2025 E. 7th Ave.		STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33605		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	Fedorovich, Dennis		NAME		
STREET ADDRESS	2025 E. 7th Ave.		STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33605		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. 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.					
SIGNATURE: 			4/15/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		
			813-248-3000		
			Daytime Phone #		

30008030



04142005 Chg-LLC CR2E083 (10/03)