

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90047 024 \*\*\*\*50.00

2005982



|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # L04000069152</b><br>1. Entity Name<br>GCF VENTURES OF LARGO, LLC   |  |  |  |   |  |
| Principal Place of Business<br>2025 EAST SEVENTH AVENUE<br>TAMPA, FL 33605   |  |  | Mailing Address<br>2025 EAST SEVENTH AVENUE<br>TAMPA, FL 33605 |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |   |  |
| City & State   |  | City & State   |  | 4. FEI Number<br>20-1654332   |  |
| Zip  |  | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                          |  |
| 6. Name and Address of Current Registered Agent  |  |  |  | 7. Name and Address of New Registered Agent   |  |
| FOWLER WHITE BOGGS BANKER, P.A.<br>501 E. KENNEDY BLVD., SUITE 1700<br>C/O JEFFREY C. SHANNON<br>TAMPA, FL 33602   |  |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>GONZMART, RICHARD<br>2025 EAST 7 AVENUE<br>TAMPA, FL 33605  | <input checked="" type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             | MGR<br>GCF Ventures, LLC<br>2025 East 7th Ave.<br>Tampa, FL 33605   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>CAMPBELL, GUY<br>2025 EAST 7 AVENUE<br>TAMPA, FL 33605      | <input checked="" type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>FEDOROVICH, DENNIS<br>2025 EAST 7 AVENUE<br>TAMPA, FL 33605 | <input checked="" type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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. |  |  |  |   |  |
| <b>SIGNATURE:</b>  |  |  | DENNIS J. FEDOROVICH   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  | Date   |   | Daytime Phone #  |

4/24/06

813 248-3000