
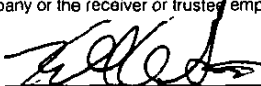


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90240 024 ***145.00

DOCUMENT # L05000022688 1. Entity Name GDC, LLC					
Principal Place of Business 1810 STAYSAIL DRIVE VALRICO, FL 33594			Mailing Address 1810 STAYSAIL DRIVE VALRICO, FL 33594		
2. Principal Place of Business 1160 EMERALD HILL WAY Suite, Apt. #, etc.			3. Mailing Address PO BOX 2085 Suite, Apt. #, etc.		
City & State VALRICO FL		City & State VALRICO FL		4. FEI Number 42-1665456	
Zip 33594		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent A1A REGISTERED AGENT INC. 92 SADBERRY RD. QUINCY, FL 32351				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS / MANAGERS </div> <div style="width: 45%;"> 10. ADDITIONS / CHANGES </div> </div>					
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRIS, KIRK A		NAME		
STREET ADDRESS	1810 STAYSAIL DRIVE		STREET ADDRESS		
CITY - ST - ZIP	VALRICO, FL 33594		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  KIRK A GARRUS			4/22/06		813-313-8222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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