2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 19, 2008 8:00 am Secretary of State

DOCUMENT # L05000075046 1. Entity Name GMKC HOLDINGS, LLC							05-19-2008 90188 011 ***138.75				
Principal Place of Business 8374 MARKET STREET -519 LAKEWOOD RANCH, FL. 34202			Mailing Address 89 74 MARKET STREET - 519 LAKEWOOD RANCH, FL -34202				 		111 8 8 111 8 7 114 8 8 8	1 1 5 1111 5861 51818 1 71	AAI (A INEI
2. Principal Place of Business - No P.O. Box # 1849 Main St. Suite, Apt. #, etc. #201			3. Mailing Address 1819 Main \$4. Suite, Apt. #, etc. #201			04092008	Chg-LLC	,,,	E083 (12/06)		
City & State			City & State				4. FEI Numb	er		<u> </u>	plied For
Sarasota 17L Zip 34236 Country Savasota			Sarasoja.	Country			20-328	0119 of Status Desir	ed 🗆	No. \$5.00 Add	t Applicable litional
<u> </u>	6. Name	legistered Agent		20192239					Fee Required		
					7. Name and Address of New Registered Agent Name						
WILSON, MICHAEL J 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236					Street Address (P.O. Box Number is Not Acceptable)						
ON 100 17, 12 07200					City					Zip Code	•
8. The above named entity submits this statement for the purpose of changing its registered											
the obligations of registered agent. SIGNATURE											
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							Make check payable to Florida Department of State				
9. TITLE	MGR	MANAGING MEMBER	RS/MANAGERS Delete	10. Titu	· · · · · · · · · · · · · · · · · · ·	Ι		ADDITIO	ONS/CHANG	ES Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	MOYER, 0	GARY KKET STREET, #510 OD RANCH, FL 34202	LI Delete	NAM STRE		181 Sex	dsoda	IN St. # 1 FZ 3	201 4236	A Grange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						\	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition
11. I hereby certify that the information supplies with this filling these not qualify of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that managing enables of the limited liability company or the receiver or rustee and occurate this report is as required by Chapter 608, Florida Statutes.											