

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078587

Entity Name: GCI PROPERTIES, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

5245 BIG PINE WAY
SUITE #102
FT. MYERS, FL 33907 US

Current Mailing Address:

5245 BIG PINE WAY
SUITE #102
FT. MYERS, FL 33907 US

New Principal Place of Business:

12800 UNIVERSITY DR
SUITE # 150
FT. MYERS, FL 33907 US

New Mailing Address:

PO BOX 07367
FT. MYERS, FL 33919 US

FEI Number: 20-3216153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGAN, ROKKI
5245 BIG PINE WAY
SUITE 102
FT. MYERS, FL 33907 US

Name and Address of New Registered Agent:

ROGAN, ROKKI
12800 UNIVERSITY DRIVE
SUITE 150
FT. MYERS, FL 33907 US

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.

SIGNATURE: ROKKI ROGAN

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROGAN, ROKKI
Address: 5245 BIG PINE WAY, SUITE 102
City-St-Zip: FT. MYERS, FL 33907

Title: MGRM () Delete
Name: DELISIO, ROBERT L
Address: 1268 NORTH RIVER ROAD STE 1
City-St-Zip: WARREN, OH 44483

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROGAN, ROKKI
Address: 1800 UNIVERSITY DR # 150
City-St-Zip: FT. MYERS, FL 33907

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROKKI ROGAN

MGRM

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date