

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000094296

**FILED**  
**Apr 24, 2006**  
**Secretary of State**

**Entity Name:** GCF VENTURES OF SARASOTA, LLC

**Current Principal Place of Business:**

2025 EAST SEVENTH AVENUE  
TAMPA, FL 33605

**New Principal Place of Business:**

4005 CLARK ROAD  
SARASOTA, FL 34233

**Current Mailing Address:**

2025 EAST SEVENTH AVENUE  
TAMPA, FL 33605

**New Mailing Address:**

**FEI Number:** 20-3528570

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FOWLER WHITE BOGGS BANKER P.A.  
501 E KENNEDY BLVD STE 1700  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: GCF VENTURES, LLC,  
Address: 2025 EAST 7TH AVENUE  
City-St-Zip: TAMPA, FL 33605

I hereby certify that the information supplied with this filing does not qualify for the 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: DENNIS J. FEDOROVICH

MGR

04/24/2006

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