

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003487

FILED  
Apr 04, 2009  
Secretary of State

Entity Name: GCP 2006, LLC.

## Current Principal Place of Business:

3843 FALCON RIDGE CIRC  
WESTON, FL 33331

## New Principal Place of Business:

## Current Mailing Address:

3843 FALCON RIDGE CIRC  
WESTON, FL 33331

## New Mailing Address:

FEI Number: 20-4132411

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE ZABARDI, PATRICIA L  
3843 FALCON RIDGE CIR  
WESTON, FL 33331 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: MGRM ( ) Delete  
Name: DE ZABARDI, PATRICIA L  
Address: 3843 FALCON RIDGE CIRC  
City-St-Zip: WESTON, FL 33331

Title: MGRM ( ) Delete  
Name: FORTYAN, RADICS GABOR  
Address: 3843 FALCON RIDGE CIRC  
City-St-Zip: WESTON, FL 33331

Title: MGRM ( ) Delete  
Name: SZABO, RADICS GABOR  
Address: 3843 FALCON RIDGE CIRC  
City-St-Zip: WESTON, FL 33331

Title: MGRM ( ) Delete  
Name: LASSALLE, CLARE  
Address: 3843 FALCON RIDGE CIRC  
City-St-Zip: WESTON, FL 33331

## ADDITIONS/CHANGES:

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

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

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

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: PATRICIA ZABARDI

MGRM

04/04/2009

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