

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038549

Entity Name: GCB ORLANDO, LLC

FILED
Jun 05, 2007
Secretary of State

Current Principal Place of Business:

5500 34TH STREET WEST
BRADENTON, FL 34210

New Principal Place of Business:

3904 BAYSIDE CT
BRADENTON, FL 34210

Current Mailing Address:

C/O A.G.C. CO.
200 S. ORANGE AVENUE, SUITE 2300
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 20-5199031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

A.G.C. CO.
200 S. ORANGE AVENUE, SUITE 2300
ORLANDO, FL 32801 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: MGR () Delete
Name: BREUNICH, GREG
Address: 5500 34TH STREET WEST
City-St-Zip: BRADENTON, FL 34210

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BREUNICH, GREG C MGRM
Address: 5500 34TH STREET WEST
City-St-Zip: BRADENTON, FL 34210

Title: MGRM () Change (X) Addition
Name: MCNEAL, JEFFERY B MGRM
Address: 3904 BAYSIDE CT
City-St-Zip: BRADENTON, FL 34210

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: JEFFERY B. MCNEAL

MGRM

06/05/2007

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