

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065709

Entity Name: GC PARTNERS, LLC

FILED  
Jun 24, 2009  
Secretary of State

**Current Principal Place of Business:**

4736 -B HWY 17 BYPASS SOUTH #8S  
MYRTLE BEACH, SC 29588

**New Principal Place of Business:**

4736 -B HWY 17 BYPASS SOUTH  
MYRTLE BEACH, SC 29588

**Current Mailing Address:**

4736 -B HWY 17 BYPASS SOUTH #8S  
MYRTLE BEACH, SC 29588

**New Mailing Address:**

4736 -B HWY 17 BYPASS SOUTH  
MYRTLE BEACH, SC 29588

FEI Number: 20-5337393

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CLARK, THOMAS M  
2400 EAST COMMERCIAL BLVD STE 820  
FT LAUDERDALE, FL 33308 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: GRAHAM, CAREY E  
Address: 4736-B HWY 17 BYPASS SOUTH  
City-St-Zip: MYRTLE BEACH, SC 29588

Title: MGRM ( ) Delete  
Name: CLEVELAND, ROGER  
Address: 4736-B HWY 17 BYPASS SOUTH  
City-St-Zip: MYRTLE BEACH, SC 29588

**ADDITIONS/CHANGES:**

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: ROGER CLEVELAND

MGRM

06/24/2009

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