

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084733

Entity Name: GCA INVESTORS, LLC

FILED  
Apr 15, 2008  
Secretary of State

## Current Principal Place of Business:

630 EMERALDA RD.  
#105  
ORLANDO, FL 32808

## New Principal Place of Business:

1881 LESLIE ANN LANE  
OCOE, FL 34761

## Current Mailing Address:

1881 LESLIE ANN LANE  
OCOE, FL 34761

## New Mailing Address:

FEI Number: 20-5445954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

IANNELLO, CATHERINE E  
630 EMERALDA RD.  
#105  
ORLANDO, FL 32808 US

## Name and Address of New Registered Agent:

IANNELLO, CATHERINE E  
1881 LESLIE ANN LANE  
OCOE, FL 34761 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: CATHERINE E. IANNELLO

04/15/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: PD ( ) Delete  
Name: IANNELLO, CATHERINE E  
Address: 1881 LESLIE ANN LN.  
City-St-Zip: OCOE, FL 34761

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

## ADDITIONS/CHANGES:

Title: PD (X) Change ( ) Addition  
Name: IANNELLO, CATHERINE E  
Address: 1881 LESLIE ANN LN.  
City-St-Zip: OCOE, FL 34761

Title: VP ( ) Change (X) Addition  
Name: IANNELLO, GUY F  
Address: 1881 LESLIE ANN LANE  
City-St-Zip: OCOE, FL 34761

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: CATHERINE E. IANNELLO

PD

04/15/2008

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