

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

**FILED
Mar 09, 2007 8:00 am
Secretary of State**

02-12-2007 90301 024 ****50.00

DOCUMENT # L06000089212		
1. Entity Name GCF PROPERTIES I, LLC		
Principal Place of Business 2470 CASTELLON DRIVE NORTH JACKSONVILLE FL 32217		Mailing Address 2470 CASTELLON DRIVE NORTH JACKSONVILLE FL 32217
2. Principal Place of Business - No P.O. Box #		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
6. Name and Address of Current Registered Agent WATSON, TODD 7785 BAYMEADOWS WAY SUITE 107 JACKSONVILLE FL 32256		7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revising) DATE: 3-22-07		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE MGRM	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FAUSS, GEORGE H JR.		NAME
STREET ADDRESS 2470 CASTELLON DRIVE NORTH		STREET ADDRESS
CITY-ST-ZIP JACKSONVILLE FL 32217		CITY-ST-ZIP
TITLE MGRM	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FAUSS, CAROLE C		NAME
STREET ADDRESS 2470 CASTELLON DRIVE NORTH		STREET ADDRESS
CITY-ST-ZIP JACKSONVILLE FL 32217		CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
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CITY-ST-ZIP		CITY-ST-ZIP
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STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: 3-22-07 Daytime Phone # 904-390-1156



ATTACHMENT
38802042

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2007

GCF PROPERTIES I, LLC
2470 CASTELLON DRIVE NORTH
JACKSONVILLE, FL 32217

Subject: **GCF PROPERTIES I, LLC**

Reference Number **L06000089212**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

3-7-07

No one at IRS

that I could
talk to knows
what this is.
Your office said to
check on it

P.O. BOX 6478 - Tallahassee, Florida 32314

[Handwritten signature]