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

May 04, 2007 8:00 am Secretary of State DOCUMENT # L06000093332 1. Entity Name 05-04-2007 90309 024 ****50.00 GCG HOLDINGS, LLC Principal Place of Business Mailing Address 1016 CAMPBELL STREET ORLANDO FL 32806 1016 CAMPBELL STREET ORLANDO FL 32806 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AIRTH, HAL A JR. Street Address (P.O. Box Number is Not Acceptable) 500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND FL 33801 City 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, typed or printed harve of registered agent and title it applicable (NOTE Registered Agent signature required when reinstalling) DATE 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 DILE MGRM Defete HHI ☐ Change ☐ Addition NAME GAY, GERALD A JR. NAME STREET ADORESS 1016 CAMPBELL STREET STREET ADDRESS CITY - ST- 7IP CITY ST ZIP ORLANDO FL 32806 HILL □ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST ZIP CITY ST ZIF 1111.6 Delete FITTE Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHTY+ST-7IP HIII ☐ Delete ☐ Channe Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CHY ST ZIP IIIIE Delete HILE Change ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY - ST - 712 CITY ST-ZIP шиг ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-71P CITY-ST-ZIP 11. I hereby cortify 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 logal offect 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING NUMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

4/23/07 407963-8410 Date Dryline Plane #