2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L07000034877

Entity Name: GCDI MOBILE, LLC

Current Principal Place of Business:

836 PRUDENTIAL DRIVE
SUITE 1800
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

836 PRUDENTIAL DRIVE
SUITE 1800
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-8765390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEL VALLE, GERARDO O M.D.
836 PRUDENTIAL DRIVE
SUITE 1800
JACKSONVILLE, FL 32207 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:	P	( ) Delete
Name:	CASTILLO, RAMON A	
Address:	836 PRUDENTIAL DRIVE, SUITE 1800	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	VP	( ) Delete
Name:	GAUDIER, FRANCISCO L	
Address:	836 PRUDENTIAL DRIVE, SUITE 1800	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	VP	( ) Delete
Name:	DEL VALLE, GERARDO O	
Address:	836 PRUDENTIAL DRIVE, SUITE 1800	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	VP	( ) Delete
Name:	IZQUIERDO, LUIS A	
Address:	836 PRUDENTIAL DRIVE, SUITE 1800	
City-St-Zip:	JACKSONVILLE, FL 32207	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: RAMON A. CASTILLO P 04/09/2009

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