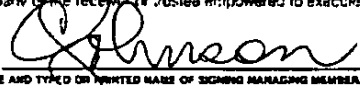


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 22, 2008 8:00 am
Secretary of State

04-07-2008 90228 046 ***138.75

DOCUMENT # L07000070179																											
1. Entity Name GCF PROPERTIES, LLC																											
Principal Place of Business 2519 ORCHARD DRIVE APOPKA FL 32712		Mailing Address 2519 ORCHARD DRIVE APOPKA FL 32712																									
2. Principal Place of Business - No P.O. Box # 2420 TAMPA ROAD		3. Mailing Address 525 S. LAKE DESTINY RD																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State PALM HARBOR		City & State ORLANDO FL																									
Zip FL	Country 34683	Zip 32810	Country																								
4. FEI Number		Applied For ☒ Not Applicable																									
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent ELSBERRY, MICHAEL V 450 SOUTH ORANGE AVENUE - 8TH FLOOR ORLANDO FL 32801		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 _____ DATE _____ Signature, name and address of registered agent and the filer (note: Registered agent signature required with amendments)																											
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																									
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: 		3/25/2008 407-667 4300																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE																									