


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90237 004 \*\*\*138.75

<b>DOCUMENT # L07000083321</b> 1. Entity Name <b>GCS DOWNTOWN PHASE I. LLC</b>																													
Principal Place of Business <b>3616 MAGNOLIA POINT BLVD GREEN COVE SPRINGS, FL 32043</b>			Mailing Address <b>3616 MAGNOLIA POINT BLVD GREEN COVE SPRINGS, FL 32043</b>																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
<b>6. Name and Address of Current Registered Agent</b>  <b>ROYAL, VAN 3616 MAGNOLIA POINT BLVD GREEN COVE SPRINGS, FL 32043</b>				<b>7. Name and Address of New Registered Agent</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to: Florida Department of State</b>																										
<b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>K &amp; V INVESTMENT GROUP, INC.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3616 MAGNOLIA POINT BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GREEN COVE SPRINGS, FL 32043</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	K & V INVESTMENT GROUP, INC.		STREET ADDRESS	3616 MAGNOLIA POINT BLVD		CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		<b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.																													
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <b>3/20/08</b> Daytime Phone #: <b>904-269-4600</b>																									



01132008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-0783917** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required