2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L08000004406

Entity Name: GCAP I, P.L.

Current Principal Place of Business:

5225 CENTRAL AVENUE
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

5225 CENTRAL AVENUE
ST. PETERSBURG, FL 33710

New Mailing Address:

PO BOX 12137
ST. PETERSBURG, FL 33733

FEI Number: 26-1813019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, THOMASB
150 2ND AVENUE NORTH, SUITE 1100
ST. PETERSBURG, FL 33701 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR. ( ) Change (X) Addition
Name: KNOX, PAUL J M.D.
Address: 7400 1ST AVENUE S
City-St-Zip: ST. PETERSBURG, FL 33707

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: PAUL J. KNOX DR. 04/23/2009

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