

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000004409

Entity Name: GCAP II, P.L.

**FILED**  
**Mar 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5225 CENTRAL AVENUE  
ST. PETERSBURG, FL 33710

**New Principal Place of Business:**

1200 7TH AVENUE N  
ST. PETERSBURG, FL 33705

**Current Mailing Address:**

PO BOX 12137  
ST. PETERSBURG, FL 33733

**New Mailing Address:**

FEI Number: 26-1813072

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VALENTINE, DWIGHT  
354 4TH AVE  
TIERRA VERDE, FL 33715 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: DR.  
Name: KNOX, PAUL J M.D.  
Address: 7400 1ST AVENUE S  
City-St-Zip: ST. PETERSBURG, FL 33707

I hereby 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

TRS

03/25/2011

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