2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L08000101799

Entity Name: GCGC, LLC

Current Principal Place of Business:

3920 BEE RIDGE RD.
BLDG. F, STE. B
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

3920 BEE RIDGE RD.
BLDG. F, STE. B
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 26-3643780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HURVITZ, LAWRENCE M. MD
3920 BEE RIDGE RD.
BLDG. F, STE. B
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

HURVITZ, LAWRENCE M.
3920 BEE RIDGE RD.
BLDG. F, STE. B
SARASOTA, FL 34233 US

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: LAWRENCE M HURVITZ 01/15/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HURVITZ, LAWRENCE M. MD
Address: 3920 BEE RIDGE RD.BLDG F, STE. B
City-St-Zip: SARASOTA, FL 34233

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HURVITZ, LAWRENCE M
Address: 3920 BEE RIDGE RD.BLDG F, STE. B
City-St-Zip: SARASOTA, FL 34233

Title: MGR ( ) Change (X) Addition
Name: WAHL, STEPHEN M
Address: 3920 BEE RIDGE RD, BLDG F, STE. B
City-St-Zip: SARASOTA, FL 34233

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: LAWRENCE M HURVITZ MGR 01/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date