

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000050937

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** A FORTUNE TELLER'S DREAM GC MANAGEMENT, LLC

**Current Principal Place of Business:**

20910 COPPERHEAD DRIVE  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

20910 COPPERHEAD DRIVE  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

**FEI Number:** 45-0828190

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLLINS, ALLEN  
20910 COPPERHEAD DRIVE  
LEHIGH ACRES, FL 33936 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: MGRM  
Name: COLLINS, ALLEN L  
Address: 2010 UNION MILL ROAD  
City-St-Zip: NICHOLASVILLE, KY 40356

Title: MGRM  
Name: RANKIN, BOBBY R  
Address: 4688 PARIS PIKE  
City-St-Zip: LEXINGTON, KY 40511

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: ALLEN COLLINS

MGRM

02/16/2012

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