



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L99000001077</b> 1. Entity Name <b>GCA SERVICES GROUP OF WEST FLORIDA, LLC</b>					
Principal Place of Business <b>3705 N. HIMES AVE TAMPA, FL 33706</b>			Mailing Address <b>100 FOUR FALLS CORPORATE CENTER 650 WEST CONSHOHOCKEN, PA 19428</b>		
2. Principal Place of Business <b>3705 N. Himes Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>300 Conshohocken State Rd</b> Suite, Apt. #, etc. <b>Suite 650</b>			
City & State <b>Tampa FL</b>		City & State <b>West Conshohocken, PA</b>		4. FEI Number <b>59-3558586</b>	
Zip <b>33706</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CORPORATE SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CROTHALL, GRAEME A 100 FOUR FALLS CORPORATE CENTER, SUITE 650 WEST CONSHOHOCKEN, PA 19428</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Crothall, Graeme A. 300 Conshohocken State Rd, Suite 650 West Conshohocken, PA 19428</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John L Kessler</b> <b>John Kessler, Secretary</b> <b>4/25/05</b> <b>608347555</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

**FILED**  
**05 APR 28 AM 9:56**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

L99000001077

ACCOUNT NO. : 072100000032

REFERENCE : 335654 7408365

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 50.00

ORDER DATE : April 26, 2005

ORDER TIME : 12:12 PM

ORDER NO. : 335654-015

CUSTOMER NO: 7408365

CUSTOMER: Ms. Heather Jagaczewski  
Gca Services Group, Inc.  
Suite 650  
300 Conshohocken State Road  
West Conshohock, PA 19428

ANNUAL REPORT FILING

NAME: GCA SERVICES GROUP OF WEST  
FLORIDA LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
05 APR 28 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
05 APR 28 PM 3:15  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA