

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000003341**

1. Entity Name  
**G.D.C. PROPERTIES, L.L.C.**



Principal Place of Business  
**12735 STARKEY ROAD  
LARGO, FL 33773-2615**

Mailing Address  
**12735 STARKEY ROAD  
LARGO, FL 33773-2615**

**DO NOT WRITE IN THIS SPACE**



03152006No Chg-LLC

CRZE083 (11/05)

4. FEI Number  
**36-4300544**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CRAWFORD, LINDAL R  
2232 LAKE ARBOR BLVD  
CLEARWATER, FL 33763**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	GLASS, RAY
STREET ADDRESS	188 PATTERSON STILL SPUR E.
CITY-ST-ZIP	THOMASVILLE, GA 31757
TITLE	MGRM
NAME	CRAWFORD, LINDAL R
STREET ADDRESS	2232 LAKE ARBOR BLVD.
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000472165  
03/29/06-80025-022 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 609, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Lindal R Crawford* **LINDAL R CRAWFORD** 3/16/06 7275551044