# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 11, 2007 08:00 A**
**Secretary of State**

DOCUMENT # L99000006818

1. Entity Name
GCEC INVESTORS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1215 JACARANDA BLVD.<br>VENICE, FL 34292 | 1215 JACARANDA BLVD.<br>VENICE, FL 34292 |

DO NOT WRITE IN THIS SPACE

03152007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-0956478
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FELMAN, ROBERT M.D.
1215 JACARANDA BLVD.
VENICE, FL 34292

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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, 2007**

000000700372
04/20/07-80016-001 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | DEMASI, RONALD M.D. |
| STREET ADDRESS | 1203 JACARANDA BLVD. |
| CITY-ST-ZIP | VENICE, FL 342924519 |
| TITLE | MGR |
| NAME | KONDAPAILI, RAVI MD |
| STREET ADDRESS | 7945 MEADOW RUSH LOOP |
| CITY-ST-ZIP | SARASOTA, FL 34238 |
| TITLE | MGR |
| NAME | FELMAN, ROBERT M.D. |
| STREET ADDRESS | 1041 RIDGEWOOD AVE. |
| CITY-ST-ZIP | VENICE, FL 34292 |
| TITLE | MGR |
| NAME | DUMAS, PETER |
| STREET ADDRESS | 1215 JACARANDA BLVD. |
| CITY-ST-ZIP | VENICE, FL 34292 |
| TITLE | MGR |
| NAME | GROSSBAND, HOWARD M.D. |
| STREET ADDRESS | 241 S. NOKOMIS AVE. |
| CITY-ST-ZIP | VENICE, FL 34285 |
| TITLE | MGR |
| NAME | RAJA, JAY M.D. |
| STREET ADDRESS | 7290 MANASOTA KAY RD. |
| CITY-ST-ZIP | ENGLEWOOD, FL 34223 |

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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 608, Florida Statutes.

**SIGNATURE:** ✓ Hoe B Grossband 4/4/07 941-484-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #