

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # M02000000546

1. Entity Name  
GDC AVENEL BAY, LLC



Principal Place of Business  
245 SAW MILL RIVER RD  
2ND FLOOR  
HAWTHORNE, NY 10532

Mailing Address  
245 SAW MILL RIVER RD  
2ND FLOOR  
HAWTHORNE, NY 10532

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**



04172008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

04-3608388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

U000000938524  
05/27/08-80013-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GINSBURG, MARTIN
STREET ADDRESS	100 SUMMIT LAKE DR
CITY-ST-ZIP	VALHALLA, NY 10595
TITLE	MGR
NAME	GINSBURG, SAMUEL
STREET ADDRESS	245 SAW MILL RIVER ROAD
CITY-ST-ZIP	HAWTHORNE, NY 10532
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

GINSBURG SHAPIRO

CFO

4/21/08

(914) 747-4000