## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M02000002722

Entity Name: GSC INVESTMENTS, LLC

City-St-Zip: CAROLINA BEACH, NC 28428

FILED Apr 01, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
4852 N. O MAYPORT	CEAN ST. T, FL 32233		
Current Mailing Address:		New Mailing Address:	
P.O. BOX ATLANTIC	331606 BEACH, FL 32233		
FEI Number	: 22-3875378 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
The above	CEAN ST.  T, FL 32233 US  named entity submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
in the State	e of Florida.		
SIGNATU		aut	Dete
	Electronic Signature of Registered Ag		Date
WANAGING	MEMBERS/MANAGERS:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete MACCURRY, STEVEN PO BOX 306 CAROLINA BEACH, NC 28428	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MGRM () Delete HAAS, MICHAEL 4852 N. OCEAN ST. MAYPORT, FL 32233	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MGR ( ) Delete HAAS, KIMBERLY 4852 N OCEAN ST MAYPORT, FL 32233	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	MGR () Delete MACCURRY, SHERILYN P.O. BOX 306	Title: Name: Address:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

City-St-Zip:

SIGNATURE: KIMBERLY A HAAS MGR 04/01/2008