2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# M02000002722

Entity Name: GSC INVESTMENTS, LLC

Current Principal Place of Business:

4852 N. OCEAN ST.
MAYPORT, FL 32233

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 331606
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 22-3875378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HAAS, KIMBERLY
4852 N. OCEAN ST.
MAYPORT, FL 32233 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MACCURRY, STEVEN	
Address:	PO BOX 306	
City-St-Zip:	CAROLINA BEACH, NC 28428	
Title:	MGRM	( ) Delete
Name:	HAAS, MICHAEL	
Address:	4852 N. OCEAN ST.	
City-St-Zip:	MAYPORT, FL 32233	
Title:	MGR	( ) Delete
Name:	HAAS, KIMBERLY	
Address:	4852 N OCEAN ST	
City-St-Zip:	MAYPORT, FL 32233	
Title:	MGR	( ) Delete
Name:	MACCURRY, SHERILYN	
Address:	P.O. BOX 306	
City-St-Zip:	CAROLINA BEACH, NC 28428	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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.

SIGNATURE: KIMBERLY HAAS MGR 05/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date