

FILED
5 **Jun 19, 2008 8:00 am**
Secretary of State

30009610

DOCUMENT # M03000000861				Secretary of State 05-15-2008 90081 044 ***138.75	
1. Entity Name GCI RESIDENTIAL, LLC					
Principal Place of Business C/O GOLDBERG COMPANIES, INC. 25101 CHAGRIN BOULEVARD, SUITE 300 OHIO, FL 44122		Mailing Address C/O GOLDBERG COMPANIES, INC. 25101 CHAGRIN BOULEVARD, SUITE 300 OHIO, FL 44122			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		05142008 Chg-LLC CR2E083 (12/08)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR ☐ Delete NAME GOLDBERG, LARRY STREET ADDRESS 25101 CHAGRIN BOULEVARD, SUITE 300 CITY-ST-ZIP BEACHWOOD, OH 44122			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE MGR ☐ Delete NAME GOLDBERG, JORDAN A STREET ADDRESS 25101 CHAGRIN BOULEVARD, SUITE 300 CITY-ST-ZIP OHIO, FL 44122			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE MGR ☐ Delete NAME BELL, ERIC STREET ADDRESS 25101 CHAGRIN BOULEVARD, SUITE 300 CITY-ST-ZIP OHIO, FL 44122			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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:  Eric Bell 6-16-08 216-831-6000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					