2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State
04-25-2007 90032 018 ****50.00

DOCUMENT # M04000003903

1. Entity Name
GDC BEECHWOOD, LLC

Principal Place of Business
100 SUMMIT LAKE DR
VALHALLA, NY 10595

Mailing Address
100 SUMMIT LAKE DR
VALHALLA, NY 10595

03202007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
245 SAW Mill River Road
Suite, Apt #, etc
2end Floor
City & State
Hawthorne, New York
Zip 10532 Country USA

3. Mailing Address
245 Saw Mill River Rd
Suite, Apt #, etc
2nd Floor
City & State
Hawthorne, New York
Zip 10532 Country USA

4. FEI Number
13-3186335
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

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 ______________________
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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

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

10. ADDITIONS / CHANGES

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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: (GREGG SHAPIRO) CFO 4/24/07 (914) 742-4405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #