


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90057 028 ****50.00

DOCUMENT # L03000021068

1. Entity Name
GH CELLULAR, LLC



Principal Place of Business Mailing Address

3777 NE 163 STREET **3777 NE 163 STREET**
NORTH MIAMI BEACH, FL 33162 **NORTH MIAMI BEACH, FL 33162**

2. Principal Place of Business 3. Mailing Address

3777 NE 163 Street *3777 NE 163 Street*

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

North Miami Beach, FL *North Miami Beach*

Zip Country Zip Country

33160 *USA* *33160* *USA*

20000892



01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
55-0837197 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

LIMA & RIOS, P.A.
8360 W. FLAGLER STREET
SUITE 200
MIAMI, FL 33144

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 _____ (NOTE: Registered Agent: signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSENHECK, HENRY 3777 NE 163 STREET NORTH MIAMI BEACH, FL 33162 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **HENRY ROSENHECK** *1/4/05* *786-3267891*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #