


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 08:00 A
Secretary of State

DOCUMENT # L04000056829

1. Entity Name
GHRO FINANCE & LEASING, LLC



Principal Place of Business 8660 DELL BRIDGE COURT JACKSONVILLE, FL 32244 US	Mailing Address PO BOX 441244 JACKSONVILLE, FL 32222 US
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DO NOT WRITE IN THIS SPACE



04192007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1454783	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROMAN, MARTIN E
 8402 IRONGATE COURT
 JACKSONVILLE, FL 32244**

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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, 2007**

U00000762410
 05/29/07-80007-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROMAN, MARTIN E 8402 IRONGATE COURT JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GHERRITY, PATRICK W 8660 DELL BRIDGE COURT JACKSONVILLE, FL 32244
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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:  **5/4/07 8042343298**

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