


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
-----------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



04192007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1454783	Applied For Not Applicable
------------------------------------	-------------------------------

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**

DO NOT WRITE IN THIS SPACE

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 #