2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL	REPORT

#### DOCUMENT# L02000033668

Entity Name: GHG SIENA INVESTORS LLC

## **Current Principal Place of Business:**

120 FORBES BLVD SUITE 180 MANSFIELD, MA 02048-1150

## **Current Mailing Address:**

120 FORBES BLVD SUITE 180 MANSFIELD, MA 02048-1150 US

## FEI Number: 55-0815082

#### Name and Address of Current Registered Agent:

MCDONOUGH, BRIAN J ESQ. 2200 MUSEUM TOWER **150 WEST FLAGLER STREET** MIAMI, FL 33130 US

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.

SIGNATURE	: BRIAN J MCDONOUGH	BRIAN J MCDONOUGH		
	Electronic Signature of Registered Agent		Date	
Authorized I	Person(s) Detail :			
Title	MANAGER	Title	AUTHORIZED MEMBER	
Name	THE GATEHOUSE GROUP, INC.	Name	CANEPARI, DAVID J	
Address	120 FORBES BLVD SUITE 180	Address	120 FORBES BLVD SUITE 180	
City-State-Zip:	MANSFIELD MA 02048-1150	City-State-Zip:	MANSFIELD MA 02048-1150	
Title	AUTHORIZED MEMBER	Title	AUTHORIZED REPRESENTATIVE	
Name	PLONSKIER, MARC S	Name	YORKSHAITIS, ROGER	
Address	120 FORBES BLVD SUITE 180	Address	120 FORBES BLVD SUITE 180	
City-State-Zip:	MANSFIELD MA 02048-1150	City-State-Zip:	MANSFIELD MA 02048-1150	
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE	
Name	LEONARDO, CHRISTOPHER	Name	INAMDAR, NIKUL A	
Address	120 FORBES BLVD SUITE 180	Address	445 NW 4TH STREET SUITE 108	
City-State-Zip:	MANSFIELD MA 02048-1150	City-State-Zip:	MIAMI FL 33128-1701	
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE	
Name	HAMPTON, SARITA D	Name	LEO, JENNIFER S	
Address	120 FORBES BLVD SUITE 180	Address	120 FORBES BLVD SUITE 180	
City-State-Zip:	MANSFIELD MA 02048-1150	City-State-Zip:	MANSFIELD MA 02048-1150	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE		MGRM	12/09/2015
	Electronic Signature of Signing Authorized Percen(c) Detail		Data

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Dec 09, 2015 Secretary of State CC1107591070

Certificate of Status Desired: No

Date