

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 08, 2008 08:00 AM
Secretary of State

DOCUMENT # A04000000438

1. Entity Name
GHS PARTNERS, LLLP



Principal Place of Business
**2300 GLADES RD, STE 100E
BOCA RATON, FL 33431**

Mailing Address
**2300 GLADES RD, STE 100E
BOCA RATON, FL 33431**



01282008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 27-0083626 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--|

6. Name and Address of Current Registered Agent

**GHS EQUITY, LLC
2300 GLADES RD, STE 100E
BOCA RATON, FL 33431**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

U00000886735
04/18/08-80069-016 500.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

| | |
|----------------|---------------------------------|
| DOCUMENT # | L04000020356 |
| NAME | GHS EQUITY, LLC |
| STREET ADDRESS | 2300 GLADES RD, STE 100E |
| CITY-ST-ZIP | BOCA RATON, FL 33431 |

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| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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**DO NOT WRITE
IN THIS SPACE**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

William R. Greenfield

3/27/2008

Date

561-392-6662

Daytime Phone #

STAPLE CHECK HERE