

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000000525

1. Entity Name
GPH HOLDINGS, L.C.



Principal Place of Business

1150B EAST HALLANDALE BEACH BOULEVARD
HALLANDALE, FL 33309

Mailing Address

1150B EAST HALLANDALE BEACH BOULEVARD
HALLANDALE, FL 33309



01072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1001459

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LECHTER, ROBERT
1150B E HALLANDALE BEACH BLVD
HALLANDALE, FL 33009

**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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DM
LECHTER, ROBERT
1150B E. HALLANDALE BEACH BLVD
HALLANDALE, FL 33009

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DM
SPIWAK, BORIS
1150B E. HALLANDALE BEACH BLVD
HALLANDALE, FL 33009

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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IN THIS SPACE**

1100000341958
04/29/05-R0638-002 50.00

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MANAGER Robert Lechter, 4/25/05 954455-3660