2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		Socratory of State	
DOCUMENT # L00000014653 1. Entity Name GHS VENTURE, LLC				Secretary of State	
Principal Plac	ce of Business	Mailing Address			
552 N ISLAN	ND DR ACH, FL 33160	552 N ISLAND DR			
GOLDEN BEA	10H; IC 33100	GOLDEN BEACH, FL 33160		A DESIGNATION OF STATE AND A STATE OF STATE AND A STATE OF STATE AND A STATE OF STAT	
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				02162004 No Chg-LLC	
	OO NOT WRITE	IN THIS SPA	CE	4. FEI Number Applied For	
				88-0419647 Not Applicable	
			the second contract of	5. Certificate of Status Desired	
	6. Name and Address of Current F	Registered Agent			
DANIELS, NICHOLAS M THERREL BAISDEN PA ONE SE 3RD AVE SUITE 2400 MIAMI, FL 33131				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, 2004				U00000078324 03/08/04-80021-008 50.QD	
9.	MANAGING MEMBE				
TITLE NAME	MGRM SINGER, GLENN H				
STREET ADDRESS	552 N ISLAND DR		İ		
CITY-ST-ZIP	GOLDEN BEACH, FL 33160				
TITLE NAME					
STREET ADDRESS					
CITY-ST-ZIP	<u> </u>		~~~		
TITLE NAME					
STREET ADDRESS				DO NOT WRITE	
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TITLE NAME				IN THIS SPACE	
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NAME STREET ADDRESS					
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TITLE			Ţ ,		
NAME STREET ADDRESS]				
CITY-ST-ZIP					
	certify that the information supplied with	this filing does not qualify for the exe	mption stated in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the information	
limited lis	ability company or the receiver or trustee	usat my signature shall have the sam empowered to execute this report a	e legal effect as if r s required by Chap	ection 119.07(3)(i), Florida Statutes. I further certify that the information nade under oath; that I am a managing member or manager of the oter 608, Florida Statutes.	
	/	111/	-	1 3/4/	

MEMBER, OR AUTHORIZED REPRESENTATIVE