

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033667

FILED
Jan 07, 2005
Secretary of State

Entity Name: GHG JAMESTOWN INVESTORS LLC

Current Principal Place of Business:

120 FORBES BLVD.
C/O GATEHOUSE GROUP, INC.
MANSFIELD, MA 02048

New Principal Place of Business:

Current Mailing Address:

120 FORBES BLVD.
C/O GATEHOUSE GROUP, INC.
MANSFIELD, MA 02048

New Mailing Address:

FEI Number: 55-0814986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONOUGH, BRIAN J
150 WEST FLAGLER STREET
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: THE GATEHOUSE GROUP,, INC.
Address: 120 FORBES BLVD.
City-St-Zip: MANSFIELD, MA 02048

Title: MGRM () Delete
Name: PLONSKIER, MARC S
Address: 120 FORBES BLVD
City-St-Zip: MANSFIELD, MA 02048 US

Title: MGRM () Delete
Name: CANEPARI, DAVID J
Address: 120 FORBES BLVD
City-St-Zip: MANSFIELD, MA 02048 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: MARC S. PLONSKIER

MGRM

01/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date