



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L03000008784</b><br>1. Entity Name<br>G H CONSTRUCTION SERVICES LLC |  |
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|---|---|
| Principal Place of Business<br>1507 PALAFOX STREET<br>PENSACOLA, FL 32501 | Mailing Address<br>1507 PALAFOX STREET<br>PENSACOLA, FL 32501 |
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| 04202007 No Chg-LLC  | CR2E083 (11/05)                          |
| 4. FEI Number<br>20-0032081  | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/>                          | <b>\$5.00</b> Additional<br>Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>HOLMAN, WILLIAM P<br>2513 ROSEDOWN DRIVE<br>CANTONMENT, FL 32533 |
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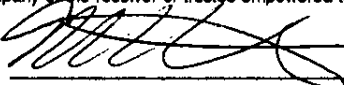
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HOLMAN, WILLIAM P<br>2513 ROSEDOWN DRIVE<br>CANTONMENT, FL 32533       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>GUTENMANN, WILLIAM W<br>13 CALLE MARBELLA<br>PENSACOLA BEACH, FL 32561 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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| <p>U000000724830<br/>05/02/07-80127-025 50.00</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
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| 11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes. |  |
| <b>SIGNATURE:</b> <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>   | <i>William P. Holman</i> 4/17/07 850 436-4883<br><small>Date Daytime Phone #</small> |