

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011971

FILED
Apr 08, 2007
Secretary of State

Entity Name: G & H MANAGEMENT & CONSULTING, LLC

Current Principal Place of Business:

14962 MAYA LANE
FORT MYERS, FL 33908

New Principal Place of Business:

12155 METRO PKWY
FORT MYERS, FL 33966

Current Mailing Address:

C/O SSI ACCT+TAX SVC 3620 COLONIAL BLVD
SUITE 230
FORT MYERS, FL 33912

New Mailing Address:

12155 METRO PKWY
FORT MYERS, FL 33966

FEI Number: 41-2091911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SSI ACCOUNTING & TAX SERVICE INC.
3620COLONIAL BLVD.
SUITE 230
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

SSI ACCOUNTING & TAX SERVICE INC.
3620COLONIAL BLVD.
SUITE 230
FORT MYERS, FL 33966 US

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: SCHMITZ

04/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAUM, GABRIELE
Address: 14962 MAYA LANE
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM () Delete
Name: BAUM, HERBERT P
Address: 14962 MAYA LANE
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

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 Chapter 119, 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: BAUM

MGRM

04/08/2007

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