

L030000/7531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

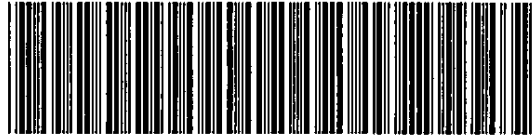
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TALLAHASSEE, FLORIDA

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December 20, 2006

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20 TERRY DRIVE
NEWTOWN, PA 18940-0689
(215) 493-7558
Fax (215) 396-0388

2401 PGA BOULEVARD
SUITE 280
PALM BEACH GARDENS, FL 33410
(800) 851-4767
Fax (561) 776-7252

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Florida
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: GHP Management, LLC – Statement of Change of Registered Agent

Dear Sir or Madam:

I am attaching cover letter designating change of Registered Agent/Registered Office Change and completed Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company with regard to the above captioned entity. Our firm's check made payable to Department of State in the amount of \$25.00 is also enclosed for filing fee.

Please return any and all correspondence to the undersigned.

Very truly yours,

AVOLIO & HANLON, P.C.

By:


Robert P. Avolio, Esq.

RPA/jm
Encl.

cc: Samuel Green
Sidney L. Hofing, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GHP MANAGEMENT, L.L.C.
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert P. Avolio
(Name of Person)

Avolio & Hanlon, P.C.
(Firm/Company)

3150 Brunswick Pike, Suite 120
(Address)

Lawrenceville, NJ 08648
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA
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For further information concerning this matter, please call:

Robert P. Avolio at (609) 219-1810
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: GHP MANAGEMENT, L.L.C.
2. The mailing address of the limited liability company is : 2697 N. Ocean Blvd. Apt. 608-F Boca Raton, FL 33431

05/14/2003

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3. Date of filing/registration in Florida
4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Hofing, Sidney L.

Name

2697 N. Ocean Blvd. Apt. 608-F

Address

Boca Raton, FL 33431

City, State and Zip

6. The name and address of the new registered agent and/or office:

Robert P. Avolio C/O ANCHOR COMMERCIAL BANK

Name

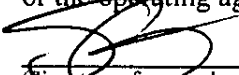
2401 PGA Boulevard, Suite 280

Florida street address (P.O. Box NOT acceptable)

Palm Beach Gardens, FL 33410

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



(Signature of a member or authorized representative of a member)

Samuel Green

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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