

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 14, 2009  
Secretary of State**

DOCUMENT# L03000017531

Entity Name: GHP MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

C/O SIDNEY L. HOFING  
2697 N. OCEAN BOULEVARD, APT 608-F  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SIDNEY L. HOFING  
2697 N. OCEAN BOULEVARD, APT 608-F  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 22-3726503      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AVOLIO, ROBERT P  
2401 PGA BOULEVARD SUITE 280  
PALM BEACH GARDENS, FL 33410      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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HOFING, SIDNEY L  
Address: 2697 N. OCEAN BOULEVARD, APT 608-F  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: SIDNEY L HOFING

MGRM

04/14/2009

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