

FILED
Jun 07, 2004 8:00 am
Secretary of State

04-28-2004 90079 032 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000021004

1. Entity Name
GNH RESPARK ORLANDO, LLC



Principal Place of Business
2601 S BAYSHORE DR, STE 1775
COCONUT GROVE, FL 33133

Mailing Address
2601 S BAYSHORE DR, STE 1775
COCONUT GROVE, FL 33133

34008323



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

37-1468462

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANLEY, SHERRY A
2601 S BAYSHORE DR, STE 1775
COCONUT GROVE, FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning)

DATE

Filing Fee is \$50.00
Due by May 1, 2004.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Patronis Investment Holdings III, L.P.
2601 S. Bayshore Dr, Suite 1775
Coconut Grove, FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

4/27/04