

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90104 028 \*\*\*\*50.00

<b>DOCUMENT # L03000021004</b> 1. Entity Name <b>GNH RESPARK ORLANDO, LLC</b>					
Principal Place of Business <b>2601 S BAYSHORE DR, STE 1775 COCONUT GROVE, FL 33133</b>			Mailing Address <b>2601 S BAYSHORE DR, STE 1775 COCONUT GROVE, FL 33133</b>		
2. Principal Place of Business <b>400 Park Ave</b> Suite, Apt. #, etc. <b>820</b>		3. Mailing Address <b>400 Park Ave</b> Suite, Apt. #, etc. <b>820</b>			
City & State <b>New York NY</b> Zip <b>10022</b>		City & State <b>New York, NY</b> Zip <b>10022</b>		4. FEI Number <b>37-1468462</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>STANLEY, SHERRY A 2601 S BAYSHORE DR, STE 1775 COCONUT GROVE, FL 33133</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM PATRONS INVESTMENT HOLDINGS II, LP 2601 S BAYSHORE DR, STE 1775 COCONUT GROVE, FL 33133</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>4/21/05</b> Daytime Phone #		