2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L03000021843

Entity Name: GP HOLDING, LLC

Current Principal Place of Business:

954 WASHINGTON STREET
HOLLYWOOD, FL 33019

New Principal Place of Business:

227 BAL BAY DRIVE
BAL HARBOUR, FL 33154

Current Mailing Address:

954 WASHINGTON STREET
HOLLYWOOD, FL 33019

New Mailing Address:

227 BAL BAY DRIVE
BAL HARBOUR, FL 33154

FEI Number: 42-1596323 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALEKSEENKO, GENNADY
954 WASHINGTON STREET
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

ALEKSEENKO, GENNADY
227 BAL BAY DRIVE
BAL HARBOUR, FL 33154 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: _____ 04/30/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ALEKSEENKO, GENNADY
Address: 954 WASHINGTON STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ALEKSEENKO, GENNADY
Address: 227 BAL BAY DRIVE
City-St-Zip: BAL HARBOUR, FL 33154

Title: MGRM ( ) Change (X) Addition
Name: POZDNYAKOVA, INESSA
Address: 954 WASHINGTON STREET
City-St-Zip: HOLLYWOOD, FL 33019

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: INESSA POZDNYAKOVA MGMR 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date