

# 2004-LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90187 036 \*\*\*\*50.00

<b>DOCUMENT # L03000023720</b>					
<b>1. Entity Name</b> GHS,LLC					
<b>Principal Place of Business</b> 552 NORTH ISLAND DRIVE GOLDEN BEACH FL 33160			<b>Mailing Address</b> 552 NORTH ISLAND DRIVE GOLDEN BEACH FL 33160		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. Filing Number</b> 88-0374238	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ROTH, ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BOULEVARD SUITE 360 HOLLYWOOD FL 33021			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when renewing) _____ <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM SINGER, GLENN H 552 NORTH ISLAND DRIVE GOLDEN BEACH FL 33160				
	<input type="checkbox"/> Delete				
	<input type="checkbox"/> Delete				
	<input type="checkbox"/> Delete				
	<input type="checkbox"/> Delete				
	<input type="checkbox"/> Delete				
<b>10. ADDITIONS/CHANGES</b>					
	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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>					
<b>SIGNATURE:</b> _____ <span style="float: right;">3/4/4 305-692-7773</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					