2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Feb 08, 2008 08:00 AN Secretary of State **DOCUMENT # L03000040539** 1. Entity Name GRH HOLDINGS, L.L.C. Principal Place of Business Mailing Address 10113 NW 68TH COURT 10113 NW 68TH COURT PARKLAND FL 33076 PARKLAND FL 33076 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apr. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 80-0095013 Not Applicable Zip Ζiρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MULLER, CHARLES E II Street Address (P.O. Box Number is Not Acceptable) 7385 GALLOWAY ROAD, SUITE 200 **MIAMI FL 33173** City 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 Signatulus typed or or need name of registerod agont and title # esp. same (NOTE: Boyisters:: Again a gricking reminert when renatating FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Addition TITLE MGRM TITLE Change ☐ Defete NAME VIAURA HOLDINGS, LTD. NAME U00000820721 STREET ADDRESS STREET ADDRESS 6701 NOB HILL ROAD 02/18/08-80040-008 138.75 CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 TITLE Delete TITLE Change Addition HANSEN, STEVEN L NAME STREET ADDRESS STREET ADDRESS 10113 NW 68TH COURT CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33076 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 11. I nereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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.

D OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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Date