


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000007419</b> 1. Entity Name GHMR HOLDINGS, L.L.C.	
---	---

Principal Place of Business 6190 N. DAVIS HWY PENSACOLA, FL 32504	Mailing Address 6190 N. DAVIS HWY PENSACOLA, FL 32504
---	---

**DO NOT WRITE IN THIS SPACE**



03202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0888446	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
LEUCHTMAN, GARY B  
501 COMMENDENCIA ST  
PENSACOLA, FL 32502

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALBAVY, EDWARD J M.D. 6190 N. DAVIS HWY PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARBOUR, ROBERT C M.D. 6190 N. DAVIS HWY PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKNIGHT, G. TIPTON 6190 N. DAVIS HWY PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIFAI, AREF M.D. 6190 N. DAVIS HWY PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000490048  
04/18/06-80038-015 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/27/06 850-789-730