

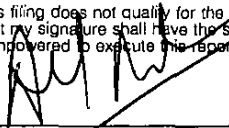


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2007 08:00 AM
Secretary of State

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| DOCUMENT # L04000007419 | |  |
| 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 | | |
| | | 03212007 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | |
| 9. MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GALBAVY, EDWARD J M.D. 6190 N. DAVIS HWY PENSACOLA, FL 32504 |  000000683778 04/06/07-80006-003 50.00 DO NOT WRITE IN THIS SPACE |
| 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 | | |
| 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 <u>3/27/07</u> Daytime Phone # _____ |