

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AB)

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-28-2005 90040 001 ****50.00

DOCUMENT # L04000049642

1. Entity Name
GH&G PINELLAS PARK, LLC



Principal Place of Business Mailing Address
 3535 ROSWELL ROAD, SUITE 63 3535 ROSWELL ROAD, SUITE 63
 C/O REES REAL ESTATE EXCHANGE SERVICE C/O REES REAL ESTATE EXCHANGE SERVICE
 MARIETTA GA 30062 MARIETTA GA 30062

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent


GOODING, W. JAMES III ESQ
1531 SE 36TH AVE.
OCALA FL 34471

4. FEI Number
58-2415929

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

1st MOORE CR2E083 (10/04)



7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEES \$50.00
Make Check Payable to Florida Department of State
Due By May 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager William Gyboski 1399 Church Street Decatur, Ga. 30030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *William E. Ali - Manager* Date: *2/7/05* Daytime Phone #: *404-378-1440*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE