
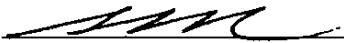


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90080 002 ****50.00

DOCUMENT # L04000060336 1. Entity Name GM OPERATING HOLDING COMPANY, LLC					
Principal Place of Business 12810 TAMiami TRAIL NORTH NAPLES, FL 34110			Mailing Address 12810 TAMiami TRAIL NORTH NAPLES, FL 34110		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-1828629	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GATES, TODD E 12810 TAMiami TRAIL NORTH NAPLES, FL 34110				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CRAWFORD, RICHARD S 16835 KERCHEVAL GROSSE POINTE, MI 48230	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Richard S. Crawford 10844 Harper Avenue, Suite 300 Harper Woods, MI 48225
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<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: 		Stephen V. Robison		3-10-05 239-593-3777	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

40071033



03102005 Chg-LLC CR2E083 (10/03)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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SIGNATURE:  Stephen V. Robison

3-10-05 239-593-3777

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