

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066096

Entity Name: GHRW, LLC

FILED
Apr 11, 2006
Secretary of State

Current Principal Place of Business:

1238 NW 13TH AVENUE
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

1238 NW 13TH AVENUE
BOYNTON BEACH, FL 33426

New Mailing Address:

1238 NW 13TH AVENUE
BOYNTON BEACH, FL 33426 US

FEI Number: 20-1658717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REED, HOLLY E
1238 NW 13TH AVENUE
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

REED, HOLLY E
1154 SWEETEN CREEK ROAD
ASHEVILLE, NC, FL 28803 US

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.

SIGNATURE:

04/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REED, HOLLY E
Address: 1238 NW 13TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGRM () Delete
Name: WEAVER, GEORGE E
Address: 1238 NW 13TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REED, HOLLY E
Address: 1154 SWEETEN CREEK ROAD
City-St-Zip: ASHEVILLE, NC 28803

Title: MGRM (X) Change () Addition
Name: WEAVER, GEORGE E
Address: 46 AMBLE LANE
City-St-Zip: FLETCHER, NC 28732

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HOLLY E. REED

MGRM

04/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date