2005 LIMITED LIABILITY COMPANY. ANNUAL REPORT

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FILED **DOCUMENT # L04000071421** 2005 JAN 20 PM 12: 27 1. Entity Name GSP/SILVER LAKE LLC DIVISION OF CORPORATIONS LALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7487 BUCK LAKE ROAD 7487 BUCK LAKE ROAD TALLAHASSEE, FL 32317-7148 TALLAHASSEE, FL 32317-7148 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192005 Cha-LLC CR2E083 (10/03) 4. FEI Number 59-2887198 City & State City & State Applied For Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DONOHUE, JAMES M Street Address (P.O. Box Number is Not Acceptable) 7487 BUCK LAKE ROAD TALLAHASSEE, FL 32317-7148 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. ! am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR ☐ Delete ☐ Change ☐ Addition TITLE TITLE DONOHUE, JAMES M NAME STREET ADDRESS 7487 BUCK LAKE ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 323177148 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Detete TITLE 300045104313 01/20/05--01039--004 **50.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 true empowered to execute it is report as required by Chapter 608, Florida Statutes. James M. Donohue, MGR //19/05 SIGNATURE: PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND