


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90114 022 ***138.75

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| DOCUMENT # L04000074501 |  |
| 1. Entity Name GH ENTERPRISES LLC | |

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| Principal Place of Business 1161 BROAD STREET, STE. 116 SHREWSBURY, NJ 07702 | Mailing Address 1161 BROAD STREET, STE. 116 SHREWSBURY, NJ 07702 |
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| 2. Principal Place of Business - No P.O. Box # 777 Harbour Isle Court | 3. Mailing Address 777 Harbour Isle Court |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State North Palm Beach, FL | City & State North Palm Beach, FL |
| Zip 33410 | Country USA |

04142008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 15-6424818 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BAKER, DAVID H ESQ C/O ALLEY MAASS ROGERS & LINDSAY, P.A. 340 ROYAL POINCIANA WAY STE 321 PALM BEACH, FL 33480 | |
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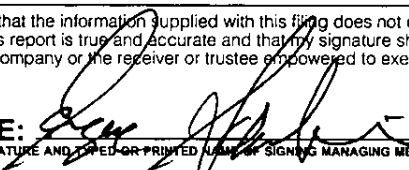
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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| 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  David H. Baker | DATE 4-11-08 |
| | (NOTE: Registered Agent signature required when reinstating) | |

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HORTON, GREGORY 1161 BROAD STREET, STE. 116 SHREWSBURY, NJ 07702 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Eugene Schussheim 777 Harbour Isle Court North Palm Beach, FL 33410 <input checked="" 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 |
| 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 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.

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|--|--------------|--------------------------------|
| SIGNATURE:  Eugene Schussheim | Date 4-11-08 | Daytime Phone # (561) 659-1770 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | |