

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009043

FILED
Jan 04, 2007
Secretary of State

Entity Name: GHG LONGHORN PARTNERS LLC

Current Principal Place of Business:

C/O GATEHOUSE GROUP, INC.
120 FORBES BOULEVARD
MANSFIELD, MA 02048

New Principal Place of Business:

Current Mailing Address:

C/O GATEHOUSE GROUP, INC.
120 FORBES BOULEVARD
MANSFIELD, MA 02048

New Mailing Address:

FEI Number: 20-2239324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVELL, TERRY M
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THE GATEHOUSE GROUP,, INC.
Address: 120 FORBES BLVD.
City-St-Zip: MANSFIELD, MA 02048 11

Title: MGRM () Delete
Name: PLONSKIER, MARC S
Address: 120 FORBES BLVD
City-St-Zip: MANSFIELD, MA 02048 11

Title: MGRM () Delete
Name: CANEPARI, DAVID J
Address: 120 FORBES BLVD
City-St-Zip: MANSFIELD, MA 02048 11

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARC S PLONSKIER

MGRM

01/04/2007

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