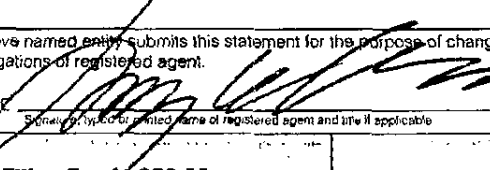
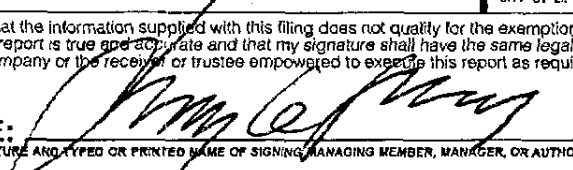


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L05000067883 1. Entity Name GHP CAPITAL II, L.L.C.						
Principal Place of Business C/O SIDNEY L. HOFING 2697 N. OCEAN BLVD., APT. 608-F BOCA RATON, FL 33431			Mailing Address C/O SIDNEY L. HOFING 2697 N. OCEAN BLVD., APT. 608-F BOCA RATON, FL 33431			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 22-3875863		
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
HOFING, SIDNEY L 2697 N. OCEAN BOULEVARD, APT. 608-F BOCA RATON, FL 33431				Name Street Address (P.O. Box Number is Not Acceptable) City		
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: 				DATE:		
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	MGRM ☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	HOFING, SIDNEY L			NAME		
STREET ADDRESS	2697 N. OCEAN BOULEVARD, APT. 608-F			STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431			CITY-ST-ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
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 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.						
SIGNATURE: 				Jan. 11, 2006 609-392-0092		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #		