

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000070563

1. Entity Name
G.H.P. DEVELOPMENT LLC



Principal Place of Business
2408 WEST CENTRAL AVENUE 607 SHAMAN CT
WINTER HAVEN, FL 33880 US

Mailing Address
2408 WEST CENTRAL AVENUE 607 SHAMAN CT
WINTER HAVEN, FL 33880 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3253723

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOSSETT, GARY
2408 WEST CENTRAL AVENUE 607 SHAMAN CT
WINTER HAVEN, FL 33880

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR Delete
NAME GOSSETT, GARY
STREET ADDRESS 2408 WEST CENTRAL AVENUE 607 SHAMAN CT
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR Delete
NAME HUNTER, MARY JOYCE
STREET ADDRESS 2408 WEST CENTRAL AVENUE 607 SHAMAN CT
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR Delete
NAME PLYLER, PATRICIA
STREET ADDRESS 2408 WEST CENTRAL AVENUE 607 SHAMAN CT
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: *Mary Joyce Hunter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/08

863 294.4538

Date

Daytime Phone #