

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094306

FILED  
Apr 22, 2006  
Secretary of State

Entity Name: GHC - WAXWEED PROPERTY #1, LLC

**Current Principal Place of Business:**

4708 JENNMAR WAY  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

4708 JENNMAR WAY  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

**Name and Address of New Registered Agent:**

SPADE, WILLIAM E  
4708 JENNMAR WAY  
NEW PORT RICHEY, FL 34652 US

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: WILLIAM E SPADE

04/22/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GULF HARBORS CONSTRU, CTION, INC.  
Address: 4708 JENNMAR WAY  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM ( ) Delete  
Name: MINNIX, JOSEPH R  
Address: 1138 SHADOW BROOK TRL.  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES:**

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: WILLIAM E SPADE

RA

04/22/2006

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