2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007
Secretary of State

DOCUMENT# L05000094316

Entity Name: GHK ENTERPRISES FLORIDA, LLC

Current Principal Place of Business:

1501 US HWY 441 NORTH
SUITE 1702
THE VILLAGES, FL 32159 US

New Principal Place of Business:

1507 BUENOS AIRES BLVD.
THE VILLAGES, FL 32159 US

Current Mailing Address:

1501 US HWY 441 NORTH
SUITE 1702
THE VILLAGES, FL 32159 US

New Mailing Address:

1507 BUENOS AIRES BLVD
THE VILLAGES, FL 32159 US

FEI Number: 38-3728934 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRAUCAK, NELSON
1501 US HWY 441 NORTH
SUITE 1702
THE VILLAGES, FL 32159 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: MGRM ( ) Delete
Name: VILLA, MARIVIC
Address: 1501 US HWY 441 NORTH SUITE 1702
City-St-Zip: THE VILLAGES, FL 32159 US

Title: MGRM ( ) Delete
Name: KRAUCAK, NELSON
Address: 1501 US HWY 441 NORTH SUITE 1702
City-St-Zip: THE VILLAGES, FL 32159 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: VILLA, MARIVIC
Address: 1507 BUENOS AIRES BLVD.
City-St-Zip: THE VILLAGES, FL 32159 US

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: MARIVIC VILLA MGRM 02/22/2007

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