

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095305

Entity Name: GHS UNIVERSITY PLACE, LLC

FILED  
Jul 03, 2006  
Secretary of State

## Current Principal Place of Business:

5240 SOUTH UNIVERSITY DRIVE  
SUITE 101  
DAVIE, FLORIDA, 33328

## New Principal Place of Business:

5240 SOUTH UNIVERSITY DRIVE  
SUITE 101  
DAVIE, FL 33328

## Current Mailing Address:

5240 SOUTH UNIVERSITY DRIVE  
SUITE 101  
DAVIE, FLORIDA, 33328

## New Mailing Address:

5240 SOUTH UNIVERSITY DRIVE  
SUITE 101  
DAVIE, FL 33328

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

TOLEDO, RAFAEL  
5240 SOUTH UNIVERSITY DRIVE  
SUITE 101  
DAVIE, FLORIDA, FL 33328 US

## Name and Address of New Registered Agent:

TOLEDO, RAFAEL  
5240 SOUTH UNIVERSITY DRIVE  
SUITE 101  
DAVIE,, FL 33328 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: RAFAEL TOLEDO

07/03/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: TOLEDO, RAFAEL  
Address: 5240 SOUTH UNIVERSITY DRIVE, SUITE 101  
City-St-Zip: DAVIE, FL 33328

Title: MGRM ( ) Delete  
Name: ANTONELL, MICHAEL  
Address: 5240 SOUTH UNIVERSITY DRIVE, SUITE 101  
City-St-Zip: DAVIE, FL 33328

## 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: RAFAEL TOLEDO

MR

07/03/2006

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