

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

04-24-2006 90048 046 ***150.00

DOCUMENT # L05000120065 1. Entity Name GHB 19 LLC					
Principal Place of Business 1302 SW BABCOCK AVENUE PORT ST. LUCIE, FL 34953			Mailing Address 1302 SW BABCOCK AVENUE PORT ST. LUCIE, FL 34953		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-4756579	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GRAZI, LEIF J 217 E. OCEAN BLVD. STUART, FL 34994				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing)					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, ROBERTO 1302 SW BABCOCK AVENUE PORT ST. LUCIE, FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FONTA, LAZARO 1302 SW BABCOCK AVENUE PORT ST. LUCIE, FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DULCE INVESTMENT, INC. 1302 SW BABCOCK AVENUE PORT ST. LUCIE, FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GHB DEVELOPER CORP. 1302 SW BABCOCK AVENUE PORT ST. LUCIE, FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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 606, Florida Statutes.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30007661



04172006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-4756579

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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Due by May 1, 2006

Make check payable to
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10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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