


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90027 047 ****50.00

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
--	--

60053653



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 12855 SW. 136 Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 107	
City & State		City & State Miami	
Zip	Country	Zip 33186	Country Dade.

07192007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4756579	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
--	---------------------------------------

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
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
--	--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, ROBERTO 1302 SW BABCOCK AVENUE PORT ST. LUCIE, FL 34953 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FONTA, LAZARO 1302 SW BABCOCK AVENUE PORT ST. LUCIE, FL 34953 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DULCE INVESTMENT, INC. 1302 SW BABCOCK AVENUE PORT ST. LUCIE, FL 34953 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GHB DEVELOPER CORP. 1302 SW BABCOCK AVENUE PORT ST. LUCIE, FL 34953 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	07/24/07	772 8735630
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>