2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000066589

1. Entity Name G-LTH, LLC



FILED Jan 17, 2008 08:00 AM Secretary of State

Principal Place of Business

545 WAHOO ROAD PANAMA CITY, FL 32408 Mailing Address

P.O. BOX 27790

PANAMA CITY, FL 32411-7790



01132008 No Chg-LLC

CR2E083 (12/07)

For

4. FEI Number		Applied
NOT APPLICABLE		Not App
5 Certificate of Status Desired	 \$5.0	0 Additions

6. Name and Address of Current Registered Agent

MACK, THEODORE E 803 N. CALHOUN STREET TALLAHASSEE, FL 32303

11.	423	4445	44.674	04 T 13	AN U	Same.	914.4	440
31	DO.			77	- 15 A	۷R	0 25	
116		الرك			्रमुग्र	ALZ.		
g q	X-1663	31812	Table	क्षा (ह	19.46		14 65	1061
à.	.	mg m	.0 K~30 .	1 200	8 –			mar.
T	I٨	i J	16	1	32	PA	11.55	-
18			19 2 9	-	\sim	4.6		3

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

Signature, typed or printed name of registered agent and little if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000788067 01/18/08-80025-012 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	BLUE HERON, LLC	
STREET ADDRESS	3993 HOWARD HUGHES PARKWAY, SUITE 250	
CITY-ST-ZIP	LAS VEGAS, NV 89109	
TITLE		
NAME STREET ADDRESS		
CITY-ST-ZIP	·****	
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		
TITLE		IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
44 10 - 10		analises applied in Charter 110. Florido Statutos I fudhor codific that the information

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.
Kenneth P. Gummels, Arthorized Representative

SIGNATURE Keywell & Them and Done PER

1/15/2008

850-233-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #