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Apr 29, 2008 8:00 am
Secretary of State

04-04-2008 90136 012 ***143.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000011816

1. Entity Name
GRH OF THE PALM BEACHES, L.L.C.

Principal Place of Business	Mailing Address
1455 OCEAN DRIVE, APT. 909 MIAMI, FL 33139	1455 OCEAN DRIVE, APT. 909 MIAMI, FL 33139

03182008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6402 LAKE WORTH RD.	9244 PINEVILLE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WORTH, FLORIDA	City & State: LAKE WORTH, FLORIDA
Zip: 33463 Country: USA	Zip: 33467 Country: USA

4. FEI Number: 20-8374155 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUMBLE, GAIL R
1455 OCEAN DRIVE, APT. 909
MIAMI, FL 33139

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 ____________________
Signature, typed or printed name of registered agent and title 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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HUMBLE, GAIL R 1455 OCEAN DRIVE, APT. 909 MIAMI, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9244 PINEVILLE DR. LAKE WORTH, FL 33467
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BROWN, KIM LYNETTE 1455 OCEAN DRIVE, APT. 909 MIAMI, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9244 PINEVILLE DR. LAKE WORTH, FL 33467
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Gail Humble 3-24-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #