

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059770

Entity Name: GHA HOLDINGS, LLC

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

6300 NW 31ST AVE
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

6300 NW 31ST AVE
FORT LAUDERDALE, FL 33309 US

Current Mailing Address:

6300 NW 31ST AVE
FORT LAUDERDALE, FL 33309

New Mailing Address:

6300 NW 31ST AVE
FORT LAUDERDALE, FL 33309 US

FEI Number: 26-2425017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERLMAN, YEVOLI & ALBRIGHT, P.L.
200 S. ANDREWS AVE
SUITE 600
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HERMAN, GARY
Address: 720 5TH AVE, 10TH FLOOR
City-St-Zip: NY, NY 10019

Title: MGR () Delete
Name: GALLOWAY, BRUCE
Address: 720 5TH AVE, 10TH FLOOR
City-St-Zip: NY, NY 10019

Title: MGR () Delete
Name: FRASER, AUSTIN
Address: 7 FOXFIRE RD.
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: GARY HERMAN

MGR

04/22/2009

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