2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000079153

City-St-Zip:

Entity Name: GILSON SOFTWARE SOLUTIONS-PHA, LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
401 E. LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301				401 E. LAS OLAS BOULEVARD SUITE 1400 FORT LAUDERDALE, FL 33301			
Current Mailing Address:				New Mailing Address:			
401 E. LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301				401 E. LAS OLAS BOULEVARD SUITE 1400 FORT LAUDERDALE, FL 33301			
FEI Number: 26-3210116		FEI Number Applied For ()	nber Applied For () FEI Number Not Applicable ()		Cert	ificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
100 W. CY FORT LAU	JDERDALE, FI	EK ROAD, STE 700 _ 33309 US					
	named entity : e of Florida.	submits this statement for t	he purpose o	of changing	its registe	ered office	or registered agent, or both
SIGNATU	RE:						
Electronic Signature of Registered Agen							Date
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	GILSON SOFT 401 E. LAS OL	Delete WARE SOLUTIONS, LLC AS BOULEVARD DALE, FL 33301		Title: Name: Address: City-St-Zip:		() Chan	ge () Addition
Title: Name: Address:	()) Delete		Title: Name: Address:		() Chan NHILTON,LL0 W 37 STREE	

City-St-Zip: SUNRISE, FL 33323

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: MATT GILSON MGR 04/30/2009