

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000025912

FILED
Jan 19, 2010
Secretary of State

Entity Name: GHMS LEPRELL BUILDING, LLC

Current Principal Place of Business:

1930 SAN MARCO BLVD. SUITE 201
JACKSONVILLE, FL 32207

New Principal Place of Business:

1930 SAN MARCO BLVD.
SUITE 201
JACKSONVILLE, FL 32207 US

Current Mailing Address:

1930 SAN MARCO BLVD. SUITE 201
JACKSONVILLE, FL 32207

New Mailing Address:

1930 SAN MARCO BLVD.
SUITE 201
JACKSONVILLE, FL 32207

FEI Number: 27-1701700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEPRELL, SAMUEL L
1930 SAN MARCO BLVD. SUITE 201
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

LEPRELL, SAMUEL L
1930 SAN MARCO BLVD.
SUITE 201
JACKSONVILLE, FL 32207 US

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:

01/19/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LEPRELL, SAMUEL L
Address: 1930 SAN MARCO BLVD. SUITE 201
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGRM
Name: LEPRELL, HORACE H
Address: 1930 SAN MARCO BLVD. SUITE 201
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGRM
Name: LEPRELL, MISSIE S
Address: 2640 RIVER ROAD
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGRM
Name: LEPRELL, KATHRYN GAYLE
Address: 1665 JONES ROAD
City-St-Zip: JACKSONVILLE, FL 32220 US

I hereby 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: SAMUEL L. LEPRELL

MGRM

01/19/2010

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