

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000028191

FILED  
Apr 23, 2012  
Secretary of State

Entity Name: GE FIVE HEART HOLDINGS, L.L.C.

**Current Principal Place of Business:**

433 HARBOR DRIVE NORTH  
INDIAN ROCKS BEACH, FL 33785 US

**New Principal Place of Business:**

**Current Mailing Address:**

433 HARBOR DRIVE NORTH  
INDIAN ROCKS BEACH, FL 33785 US

**New Mailing Address:**

FEI Number: 26-4675389

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONOLLY, GAIL F  
433 HARBOR DRIVE NORTH  
INDIAN ROCKS BEACH, FL 33785 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: MGRM  
Name: MILLER, ELLEN F  
Address: 1710 20TH STREET S.W.  
City-St-Zip: LARGO, FL 33774 US

Title: MGRM  
Name: HADDAD, SHARON F  
Address: 140 WHITEHOUSE ROAD  
City-St-Zip: LLOYD, FL 32337 US

Title: MGRM  
Name: SMITH, VIRGINIA F  
Address: 1328 COUNTRY CLUB WAY SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: MGRM  
Name: CONOLLY, GAIL F  
Address: 433 HARBOR DRIVE NORTH  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

Title: MGRM  
Name: MEYERS, LESLIE F  
Address: 2310 WOODBEND CIRCLE  
City-St-Zip: NEW PORT RICHEY, FL 34655 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: GAIL F. CONOLLY

MGRM

04/23/2012

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