2000 UNIFORM BUSINESS REPORT (UBR) L99000009050 DOCUMENT # 1. Entity Name GH PROJECT, LLC 00 MAR -6 AM 9: 36 Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address 2117 Blue Iris Place Suite, Apt #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Longwood <u>FL 32779-3014</u> 59-3617456 Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required USA. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Plantation, FL 33324 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$50.00 Make Check Payable to Department of State 13/2000 MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES Addition TITLE Change TITLE MGR ☐ Delete NAME NAME Gary Gamble STREET ADDRESS STREET ADDRESS 2117 Blue Iris Place CITY-ST-ZIP CITY-ST-ZIP LOngwood, FL 32779-3014 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME 700003179037---4 STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ACCORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Manager</u>