

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 18, 2001 08:00 AM****Secretary of State****DOCUMENT # M00000000064****1. Entity Name**
GHG NEWPORT LANDING LLC

Principal Place of Business C/O GATEHOUSE GROUP, INC. 313 CONGRESS ST. BOSTON MA 02210	Mailing Address C/O GATEHOUSE GROUP, INC. 313 CONGRESS ST. BOSTON MA 02210
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2. Principal Place of Business C/O GATEHOUSE GROUP, INC.	3. Mailing Address C/O GATEHOUSE GROUP, INC.
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Suite, Apt. #, etc. 120 FORBES BLVD.	Suite, Apt. #, etc. 120 FORBES BLVD.
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City & State MANSFIELD MA	City & State MANSFIELD MA
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Zip 02048	Country US	Zip 02048	Country US
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4. FEI Number 04-3496874	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCDONOUGH BRIAN J 150 WEST FLAGLER STREET, SUITE 2200 MIAMI FL 33130 US	7. Name and Address of New Registered Agent Name MCDONOUGH BRIAN J Street Address (P.O. Box Number is Not Acceptable) 150 WEST FLAGLER STREET, SUITE 2200 C/O STEARNS WEAVER MILLER City MIAMI FL Zip Code 33130
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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)	01/18/2001 DATE
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLONSKIER MARC S 313 CONGRESS ST. - THE GATEHOUSE GROUP BOSTON MA 02210 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CANEPARI DAVID J 313 CONGRESS ST. - THE GATEHOUSE GROUP BOSTON MA 02210 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE GATEHOUSE GROUP, INC. 120 FORBES BLVD. MANSFIELD MA 02048 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Marc S. Plonskier	PRS	01/18/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date
		Daytime Phone #

CR2E083 (11/00)