

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

05-19-2004 90239 004 \*\*\*\*50.00

**DOCUMENT # M01000001798**

1. Entity Name  
GH CAPITAL PARTNERS, LLC



Principal Place of Business  
10 CAMPUS BLVD.  
NEWTOWN SQUARE, PA 19073

Mailing Address  
10 CAMPUS BLVD.  
NEWTOWN SQUARE, PA 19073

24076666



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05052004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

23-3018225

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by September 8, 2004**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P ☐ Delete  
NAME HOLLOWAY, GARY M  
STREET ADDRESS 10 CAMPUS BLVD.  
CITY-ST-ZIP NEWTOWN SQUARE, PA 19073

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VT ☐ Delete  
NAME ROBINSON, BRUCE  
STREET ADDRESS 10 CAMPUS BLVD.  
CITY-ST-ZIP NEWTOWN SQUARE, PA 19073

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VS ☒ Delete  
NAME COYLE, CATHERINE  
STREET ADDRESS 10 CAMPUS BLVD.  
CITY-ST-ZIP NEWTOWN SQUARE, PA 19073

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☒ Delete  
NAME DIGIUSEPPE, ROBERT  
STREET ADDRESS 10 CAMPUS BLVD.  
CITY-ST-ZIP NEWTOWN SQUARE, PA 19073

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME CARDAMONE, ANTHONY J  
STREET ADDRESS 10 CAMPUS BLVD.  
CITY-ST-ZIP NEWTOWN SQUARE, PA 19073

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:** *Anthony J Cardamone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/6/04 60355-8147  
Date Daytime Phone #