

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001798

FILED
Mar 04, 2008
Secretary of State

Entity Name: GH CAPITAL PARTNERS, LLC

Current Principal Place of Business:

10 CAMPUS BLVD.
NEWTOWN SQUARE, PA 19073

New Principal Place of Business:

Current Mailing Address:

10 CAMPUS BLVD.
NEWTOWN SQUARE, PA 19073

New Mailing Address:

FEI Number: 23-3018225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR. STE A
TALLAHASSEE, FL 32301 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: P () Delete
Name: HOLLOWAY, GARY M
Address: 10 CAMPUS BLVD.
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: VP () Delete
Name: ROBINSON, BRUCE
Address: 10 CAMPUS BLVD.
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: ASEC () Delete
Name: DIGIUSEPPE, ROBERT
Address: 10 CAMPUS BLVD.
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: ASEC () Delete
Name: CARDAMONE, ANTHONY J
Address: 10 CAMPUS BLVD.
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: VP () Delete
Name: HOLLOWAY, JR, GARY M
Address: 10 CAMPUS BLVD
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: VP/S () Delete
Name: MACCHIONE, JOSEPH M
Address: 10 CAMPUS BLVD
City-St-Zip: NEWTOWN SQUARE, PA 19073

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ANTHONY J CARDAMONE

ASEC

03/04/2008

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