FILED
Mar 24, 2004 08:00 AM
Secretary of State

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000002733

1. Entity Name
GHR, LLC

Principal Place of Business	Mailing Address
3250 MARY STREET, SUITE 500 MIAMI, FL 33133	3250 MARY STREET, SUITE 500 MIAMI, FL 33133

01162004 No Chg-LLC CR2E033 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1061242
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PELTZ, ARVIN
3250 MARY STREET, SUITE 500
MIAMI, FL 33133

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

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000095623
03/24/04-80040-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	L. GENCOM MANAGEMENT ASSET COMPANY, LP
STREET ADDRESS	3250 MARY STREET, SUITE 500
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	PS
NAME	ALIBBAIL, KARIM
STREET ADDRESS	3250 MARY STREET, SUITE 500
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	PS
NAME	BEZOLD, TOM
STREET ADDRESS	3250 MARY STREET, SUITE 500
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 02/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #