

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90082 002 ****50.00

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DOCUMENT # M02000002733 1. Entity Name GHR, LLC			
Principal Place of Business 3250 MARY STREET, SUITE 500 MIAMI, FL 33133		Mailing Address 3250 MARY STREET, SUITE 500 MIAMI, FL 33133	
2. Principal Place of Business 1200 BRICKELL AVE Suite, Apt. #, etc. STE 1450 City & State MIAMI, FL Zip 33131		3. Mailing Address 1200 BRICKELL AVE Suite, Apt. #, etc. STE 1450 City & State MIAMI, FL Zip 33131	
06222005 Chg-LLC CR2E083 (10/03)		4. FEI Number 65-1061242	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent PELTZ, ARVIN 3250 MARY STREET, SUITE 500 MIAMI, FL 33133		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 RD PLANTATION City FL Zip 33324	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR L. GENCOM MANAGEMENT ASSET COMPANY, LP 3250 MARY STREET, SUITE 500 MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1200 BRICKELL AVE, STE 1450 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS ALIBAIL, KARIM ALIBHAI KARIM 3250 MARY STREET, SUITE 500 MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER ALIBHAI KARIM 1200 BRICKELL AVE, STE 1450 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS BEZOLD, TOM 3250 MARY STREET, SUITE 500 MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER 1200 BRICKELL AVE, ST 1450 MIAMI, FL 33131
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
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date _____ Daytime Phone # (305) 442 9808	