

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002733

FILED
Jan 23, 2008
Secretary of State

Entity Name: GHR, LLC

Current Principal Place of Business:

801 BRICKELL AVE
PH2
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

801 BRICKELL AVE
PH2
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-1061242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: L. GENCOM MANAGEMENT, ASSET COMPANY , LP
Address: 1200 BRICKELL AVE STE 1460
City-St-Zip: MIAMI, FL 33131

Title: PS () Delete
Name: ALIBHAI, KARIM
Address: 1200 BRICKELL AVE STE 1460
City-St-Zip: MIAMI, FL 33131

Title: PS () Delete
Name: BEZOLD, TOM
Address: 1200 BRICKELL AVE STE 1460
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

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

Title: PRES (X) Change () Addition
Name: ALIBHAI, KARIM
Address: 1200 BRICKELL AVE STE 1460
City-St-Zip: MIAMI, FL 33131

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: L GENCOM MANAGEMENT ASSET COMPANY LP

MGR

01/23/2008

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