

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90372 036 ****50.00

DOCUMENT # M04000005198

1. Entity Name
GHI, LLC



Principal Place of Business
3 SOUTH DAKOTA
PENSACOLA, FL 32505

Mailing Address
3 SOUTH DAKOTA
PENSACOLA, FL 32505

2. Principal Place of Business - No P.O. Box #
3 S. Dakota Street
Suite, Apt. #, etc.

3. Mailing Address
3 S. Dakota Street
Suite, Apt. #, etc.



05042007 Chg-LLC CR2E083 (12/06)

City & State
Pensacola, Florida
Zip
32505
Country
U.S

City & State
Pensacola, Florida
Zip
32505
Country
U.S

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DESNOUS, LORNA
3 SOUTH DAKOTA
PENSACOLA, FL 32505

7. Name and Address of New Registered Agent

Name
Brittany Hebert
Street Address (P.O. Box Number is Not Acceptable)
3 S. Dakota Street
City
Pensacola **FL** Zip Code
32505

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

Brittany Hebert office coordinator
(NOTE: Registered Agent signature required when reinstating)

5/4/07
DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
REESE, RICHARD
106 GLEAHAVEN ROAD
WAYZATA, MN 55391 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

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

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

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

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

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 exemptions contained in Chapter 119, 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: Richard Reese

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

May 5th, 2007 850-458-0833

Date

Daytime Phone #