2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2001 08:00 AM
Secretary of State

DOCUMENT # **M96000000493**

1. Entity Name
GHG CROSSINGS, LLC

Principal Place of Business	Mailing Address
C/O GATEHOUSE GROUP, INC. 313 CONGRESS STREET BOSTON MA 02210	C/O GATEHOUSE GROUP, INC. 313 CONGRESS STREET BOSTON MA 02210

2. Principal Place of Business	3. Mailing Address
C/O GATEHOUSE GROUP, INC.	C/O GATEHOUSE GROUP, INC.
Suite, Apt. #, etc.: 120 FORBES BLVD.	Suite, Apt. #, etc.: 120 FORBES BLVD.
City & State: MANSFIELD MA	City & State: MANSFIELD MA
Zip: 02048 Country: US	Zip: 02048 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 04-3346722 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCDONOUGH BRIAN
MUSEUM TOWER, 150 W FLAGLER ST., STE 2200
C/O STEARNS WEAVER MILLER
MIAMI FL
33130 US

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE ______________________ 01/18/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	MGR ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	CANEPARI DAVID J	NAME	
STREET ADDRESS	313 CONGRESS STREET	STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02210	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	MGR ☒ Change ☐ Addition
NAME	PLONSKIER MARC S	NAME	THE GATEHOUSE GROUP, INC.
STREET ADDRESS	313 CONGRESS STREET	STREET ADDRESS	120 FORBES BLVD.
CITY-ST-ZIP	BOSTON MA 02210	CITY-ST-ZIP	MANSFIELD MA 02048
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (11/00)

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: Marc S. Plonskier PRS 01/18/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #