

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 18, 2001 08:00 AM****Secretary of State****DOCUMENT # M97000000026**1. Entity Name
GHG GARDENS, LLC.

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

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

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3346883
Applied For
Not Applicable5. 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
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 _____ DATE **01/18/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State**9. MANAGING MEMBERS / MEMBERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
MGR	CANAPERI DAVID J	313 CONGRESS STREET	BOSTON MA 02210	<input checked="" type="checkbox"/>
MGR	PLONSKIER MARC S	313 CONGRESS STREET	BOSTON MA 02210	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR	THE GATEHOUSE GROUP, INC.	120 FORBES BLVD.	MANSFIELD MA 02048	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 #

CR2E083 (11/00)