

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> M97000000146				<div style="font-size: 2em; font-weight: bold; margin: 0;">FILED</div> <div style="font-size: 1.2em; margin: 5px 0;">03 MAY -2 PM 12:20</div> <div style="font-size: 0.8em; margin: 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
1. Entity Name  GPH FLORIDA MANAGEMENT, L.L.C.					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business 360 BUTTERFIELD ROAD Suite, Apt. #, etc. SUITE 400 City & State ELMHURST, IL Zip 60126-4808		3. Mailing Address 360 BUTTERFIELD ROAD Suite, Apt. #, etc. SUITE 400 City & State ELMHURST, IL Zip 60126-4808		DO NOT WRITE IN THIS SPACE	
Country U.S.A.		Country U.S.A.		4. FEI Number 36-4139238	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
<b>DO NOT WRITE IN THIS SPACE</b>				7. Name and Address of Current Registered Agent	
				Name C T CORPORATION SYSTEM	
				Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD	
				City PLANTATION	
				FL Zip Code 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
			<b>FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>DUE BY MAY 1</b>		
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM	TITLE	000017870270		
NAME	GIBSON, WESLEY J	NAME	05/02/03--01034--001 **50.00		
STREET ADDRESS	1 CHARLESTON ROAD	STREET ADDRESS			
CITY - ST - ZIP	HINSDALE, IL 60521	CITY - ST - ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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: <u>Wesley J. Gibson</u> <span style="float: right;">4/30/03 312-902-5637</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <span style="float: right;">Date Daytime Phone #</span>					