

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000839

FILED  
Jan 05, 2011  
Secretary of State

Entity Name: GHG NANTUCKET BAY LLC

**Current Principal Place of Business:**

120 FORBES BLVD  
SUITE 180  
MANSFIELD, MA 020481150 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O THE GATEHOUSE GROUP, INC.  
120 FORBES BLVD.  
MANSFIELD, MA 02048 US

**New Mailing Address:**

120 FORBES BOULEVARD  
SUITE 180  
MANSFIELD, MA 02048 US

FEI Number: 04-3400365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCDONOUGH, BRIAN J  
STEARNS WEAVER MILLER WEISSLER ALHADEFF &  
150 W. FLAGLER ST., SUITE 2200  
MIAMI, FL 33130 US

**Name and Address of New Registered Agent:**

MCDONOUGH, BRIAN J ESQ  
STEARNS WEAVER MILLER WEISSLER ALHADEFF &  
150 W. FLAGLER ST., SUITE 2200  
MIAMI, FL 33130 US

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: BRIAN J. MCDONOUGH

01/05/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: THE GATEHOUSE GROUP, INC.  
Address: 120 FORBES BLVD. SUITE 180  
City-St-Zip: MANSFIELD, MA 020481150 US

Title: MGRM  
Name: CANEPARI, DAVID J MEMBER  
Address: 120 FORBES BLVD. SUITE 180  
City-St-Zip: MANSFIELD, MA 020481150 US

Title: MGRM  
Name: PLONSKIER, MARC S MEMBER  
Address: 120 FORBES BLVD. SUITE 180  
City-St-Zip: MANSFIELD, MA 020481150 US

I hereby 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: MARC S PLONSKIER

MGRM

01/05/2011

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