2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001260

1. Entity Name
GHG WILLIAMS LANDING LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR -6 AM 9:36

Principal Place of Business	Mailing Address
C/O GATE HOUSE GROUP 313 CONGRESS STREET BOSTON MA 02210	C/O GATE HOUSE GROUP 313 CONGRESS STREET BOSTON MA 02210-1218

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3438764 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCDONOUGH, BRIAN J ESQ. C/O STEARNS, WEAVER, ET AL 150 WEST FLAGLER STREET, SUITE 2200 MIAMI FL 33130	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
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR CANAPERI, DAVID J 313 CONGRESS STREET BOSTON MA 02210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	nf 3/20/00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLONSKIER, MARC S 313 CONGRESS STREET BOSTON MA 02210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003179033--7 -03/22/00--01009--014 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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: SIGNATURE REQUIRED 1-7-00 (617) 345-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #
MARC S. PLONSKIER

CR2E083 (9/99)