2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005
Secretary of State

DOCUMENT# N00000003564

Entity Name: GF/ORLANDO, INC.

Current Principal Place of Business:

920 WEST KENNEDY BLVD.
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

3575 PIEDMONT ROAD,NE
15 PIEDMONT CTR.,STE 930
ATLANTA, GA 30305

New Mailing Address:

FEI Number: 58-2550001 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALONEY, FRANK E JR
445 E MACCLENNY AVE
MACCLENNY, FL 32063 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GROVE, GREGORY K
Address: 15 PIEDMONT CTR.SUITE 930
City-St-Zip: ATLANTA, GA 30305

Title: VPD ( ) Delete
Name: WEISEL, ERIC I
Address: 15 PIEDMONT CTR,SUITE 930
City-St-Zip: ATLANTA, GA 30305

Title: VPD ( ) Delete
Name: BASS, C.WILLIS
Address: 15 PIEDMONT CTR.SUITE 930
City-St-Zip: ATLANTA, GA 30305

Title: VP ( ) Delete
Name: DELOZIER, ARTHUR C
Address: 15 PIEDMONT CTR.SUITE 930
City-St-Zip: ATLANTA, GA 30305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR C. DELOZIER VP 02/16/2005

Electronic Signature of Signing Officer or Director — Date