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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P39426 (2)
1. Corporation Name
LNH REIT, INC.

Principal Place of Business: **PO BOX 22728 JACKSON MS 39225-2728 US**
Mailing Address: **PO BOX 22728 JACKSON MS 39225-2728 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/26/1992**
3a. Date of Last Report: **04/15/1994**
4. FEI Number: **75-1732388**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 190.005, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 26, 27, 28
24, 25, 29, 30

9. Name and Address of Current Registered Agent: **CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CD	NAME: DAUGHRILL, JAMES H., III STREET ADDRESS: 188 E. CAPITOL ST., #300 CITY-ST-ZIP: JACKSON MS	1. TITLE: DELETED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD	NAME: SPEED, LELAND R. STREET ADDRESS: 188 E. CAPITOL ST., #300 CITY-ST-ZIP: JACKSON MS	2. TITLE: C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	NAME: HOSTER, DAVID H., II STREET ADDRESS: 188 E. CAPITOL ST., #300 CITY-ST-ZIP: JACKSON MS	3. TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	NAME: ROGERS, STEVEN G. STREET ADDRESS: 188 E. CAPITOL ST., #300 CITY-ST-ZIP: JACKSON MS	4. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VS	NAME: WALTON, O. B., III STREET ADDRESS: 188 E. CAPITOL ST., #300 CITY-ST-ZIP: JACKSON MS	5. TITLE: Clark, Sarah P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	NAME: MCKEY, N. KEITH STREET ADDRESS: 188 E. CAPITOL ST., #300 CITY-ST-ZIP: JACKSON MS	6. TITLE: S/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Keith Mckey, CFO*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

5-1-95

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LNH REIT, INC.

Additional Directors:

H.C. Bailey, Jr.
162 E. Amite St.
Jackson, MS 39201

Ted Enloe
1420 Viceroy Drive
Dallas, TX 75235

George R. Farish
4550 Post Oak Place Dr. Suite 225
Houston, TX 77027