

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Apr 01 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000021538 (0)**  
1. Corporation Name  
**ESI CHEROKEE GP, INC.**



Principal Place of Business <b>11760 US HIGHWAY ONE SUITE 600 NORTH PALM BEACH FL 33408</b>	Mailing Address <b>11760 US HIGHWAY ONE SUITE 600 NORTH PALM BEACH FL 33408</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/15/1995**

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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4. FEI Number **65-0578189** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No *See Attached*

9. Name and Address of Current Registered Agent  
**LEON, JOAQUIN E  
9250 WEST FLAGLER ST.  
MIAMI FL 33174**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GELBER, LESLIE J</b>	1.2 NAME	<b>BOYLAN, PETER</b>
STREET ADDRESS	<b>11760 US HWY ONE, #600</b>	1.3 STREET ADDRESS	<b>11760 US HIGHWAY ONE SUITE 600</b>
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>	1.4 CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEIGHTON, MICHAEL L</b>	2.2 NAME	<b>HATHAWAY, SCOT C</b>
STREET ADDRESS	<b>11760 US HWY ONE, #600</b>	2.3 STREET ADDRESS	<b>11760 US HIGHWAY ONE SUITE 600</b>
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>	2.4 CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>
TITLE	<b>DT</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCGRATH, ROBERT L</b>	3.2 NAME	<b>PONDER, STEPHEN H</b>
STREET ADDRESS	<b>11760 US HWY ONE, #600</b>	3.3 STREET ADDRESS	<b>11760 US HIGHWAY ONE SUITE 600</b>
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>	3.4 CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARPENTER, FRANCES M</b>	4.2 NAME	<b>FRIES, WILLIAM A</b>
STREET ADDRESS	<b>11760 US HWY ONE, #600</b>	4.3 STREET ADDRESS	<b>11760 US HIGHWAY ONE SUITE 600</b>
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>	4.4 CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TANCER, EDWARD F</b>	5.2 NAME	<b>HOFFMAN, KENNETH P</b>
STREET ADDRESS	<b>11760 HS HWY ONE, STE 600</b>	5.3 STREET ADDRESS	<b>11760 US HIGHWAY ONE SUITE 600</b>
CITY-ST-ZIP	<b>N PALM BEACH FL</b>	5.4 CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>SMITH, GLENN E</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>11760 US HIGHWAY ONE SUITE 600</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(i), 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: **FRANCES M. CARPENTER** SECRETARY *Frances M. Carpenter* 315 100 (551) 101 0700

CR2E034 (10/97)

**ADDENDUM TO 1998 FLORIDA ANNUAL REPORT-SECTION 13**

**ESI CHEROKEE GP, INC.**

**DOCUMENT #P95000021538**

<b>TITLE</b>	<b>D/P</b>	<b>CHANGE</b>
<b>NAME</b>	<b>GELBER, LESLIE J.</b>	
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	<b>V</b>	<b>CHANGE</b>
<b>NAME</b>	<b>LEIGHTON, MICHAEL L.</b>	
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		