WILL BE SUBJECT TO RE	EVOCATION AND <u>\$500 PENAL</u>		IP				
' LIMITED PARTNERSHIP ANNUAL REPORT 1999	Sandra B Secretar	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS 99 JAN -4 AM 9: 38			
1. Name of Limited Partnership	1a. DOCUM A31709	IENT#		PAD CC	-4 AN 3. 3	00	
GHA HARBOR, LTD.			į				
Mailing Address	Principal Office Address	Principal Office Address			5a. Capital Contrit	outions as	
2121 GRAND HARBOR BLVD. VERO BEACH FL 32967	2121 Grand Harbor Blvd. Vero Beach FL 32967	_			\$769,824.00		
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address			5b. Amount of Car Contributions to date:	pital n FLORIDA	
Suite, Apt. #, etc.	Suite Apt # oto	Suite, Apt. #, etc.					
				6. FEI Number 65-0273462		plied For t Applicable	
City & State	City & State	City & State		7. Certificate of Status Desired		75 Additional	
Zip Country	Zip	Zip Country		Fee Required 8. Make check payable to: Dept. of State (See payerse side for fee Information)			
							
9. Name and Address of Curr	rent Registered Agent	Name		10. If changed, new Registered	Agent/Office		
D'HAESELEER, RONALD V		Street Address (P.O. Box Number is Not Acceptable)					
2121 GRAND HARBOR BLVD.		Sulte, Apt #, etc.					
VEHU BEACH FL 32967	TENO DENOIT LE 02507			<u> </u>			
		City			FL Zip Code		
10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am femiliar with, and accept the obligation	or registered agent, or both, in the State of Flor						
SIGNATURE (Registered Agent Accepting Appointment)				DATE			
A GENERAL PARTNER THA	AT IS A CORPORATION, IST BE REGISTERED AN	LIMITED	PART	NERSHIP OR OTHE 'H THIS OFFICE	R BUSINES	SENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Gener		11b.	City, State & Zip Code		gistration/ nent Number	
GHA DEVELOPMENT, INC.				VERO BEACH FL		P96000004739	
				800002 -01/26 ****5	75560: 79901095 35,00 ***	85 024 *535.00	
Note: General partners MAY NO	OT be changed on this form	m; an am	endme	nt must be filed to cha	nge a genera	l partner.	

DATE 12-11-98

Daylime Telephone Number 561-562-9000 **SIGNATURE** PETER J. HENN, V. P. Typed or Printed Name of General Partner Signing Form

12. 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). Flortda Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access, i further certify that the information indicated on this argular eport is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620. Florida Statutes.