2000 UNIFORM BUSINESS REFORT (UBR)						
DOCUMENT # A9400000049  1. Entity Name						
GHA ST. ANDREWS, LTD.				SECRETARY OF SECRETARY OF SECRETARY OF SECRETARY OF CORF	F STATE PORATIONS	•
		Mailing Address 2121 GRAND HARBOR BOULEV VERO BEACH FL 32967-7216		OD APR 28 AM		
Principal Place of Business     3. Mailing Address						
Suite, Apt.	#, etc.	3755 7th Terrace	DO NOT WRITE IN THIS SPACE			IIS SPACE
City & State		Suite 301 Vero Beach, FL 32960		4. FEI Number	65-0461936	Applied For Not Applicable
Zip	Zip Country			5. Certificate of St.		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
- D'HAESELEER, RONALD V			Street Address (P.O. Box Number is Not Acdeptable BUL BLUD			
2121 GRAND HARBOR BLVD.			272	GRAND	HALBOY	. BLUD
VERO BEACH FL 32967			0:			Tip Code &
			City VER			L 32967
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 PETER J. HENN 9/20/00  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OATE						
9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.  11. MAKE CHECK PAYABLE TO DEPT. OF SEE REVERSE SIDE FOR FEE INFORM						BLE TO DEPT. OF STATE FOR FEE INFORMATION
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.						
12. GENERAL PARTNER INFORMATION 13.					ADDRESS CHANGES	
DOCUMENT #	P96000004739 GHA DEVELOPMENT, INC.		TREET ADDRESS			
NAME STREET ADDRESS	s 2121 GRAND HARBOR BOULEVARD		ITY-ST-ZIP	990	<del>)00327:</del> -05/21/00-	<del>2150</del>
CITY-ST-ZNP	VERO BEACH FL 32967				*****535.00	) ****535.00
Document# Name		s	TREET ADDRESS			·
STREET ADDRESS CITY-ST-ZIP		C	ITY-ST-ZIP		<del></del> .,	
DOCUMENT# NAME			TREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		c	ΠY-ST-ZIP			
DOCUMENT# NAME		5	TREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		C	ΠY-ST-ZIP			a con
DOCUMENT# NAME			TREET ADDRESS			
STREET ADDRESS CITY - ST - ZIP			ITY-ST-ZIP			
DOCUMENT# NAMÉ		8	TREET ADDRESS			
STREET ADDRESS CITY - ST - ZIP			ITY-ST-ZIP			
14. I hereby certify that the information supplied with this filling 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes						
SIGNATURE: SIGNATURE PLAIRESD 4 20 00 561-778-0180						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #						