2007	Z OITIF	ONIN BU	31141	E33 NEP	/N I	(UDN)						
DOCUMENT # A9700001404 1. Entity Name								\$17 m	•		. ~	
GLH HOLDINGS, LTD.								FILE	D -		Lr	
Principal Place of Business Mailing Address							02	APR 23 A	M IO: 30	ז		
2477 COUNTRY CLUB AVE.				2477 COUNTRY CLUB AVE.			SEC	RETARY OF	07475	;		
TAMPA FL 3	3611		1	TAMPA FL 33611			TALI	RETARY OF	STATE LORIDA			
2. Principal Place of Business				3. Mailing Address			\$ 10 0 1811	PRI	ł 8814) 087)) 80)	- UI (1821 BIĞII 8:	3111 0101 (891	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DUE BY MAY 1, 2002					
City & State			,	City & State			4. FEI Number					
Zip Country				Zip	Cour	ıtry	5. Certificate of Status Desired \$8.75		8.75 Addi	itional		
6. Name and Address of Current Registered Agent					<u> </u>		7. Name and Address of New Registered Agent					
JAEB, JOHN R						Name						
2477 COUNTRY CLUB AVE.						Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL 33611						City				I =:- 0- 1-		
• The shave			f th						FL	Zip Code		
•. The above	named entity	submits this statement	tor the p	surpose of changing its	registeri	ea office or regis	tered agent, or both	in the State of Flor	da.			
SIGNATURE.	Signature, typed or	printed name of registered age	nt and title i	f applicable.			/-		DATE			
9. Capital Contributions as Shown on record. \$2,100,000.00 in FLORIDA to do						butions		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
	A GE	NERAL PARTNER	THAT	IS A BUSINESS EN	ITITY M	IUST BE REGI	STERED AND AC	TIVE WITH THIS	OFFICE.			
NOTE: General Partners MAY NOT be changed on th 12. GENERAL PARTNER INFORMATION					13.							
DOCUMENT# NAME	GLH HOLDINGS, INC. 2477 COUNTRY CLUB AVE.				STRE	EET ADDRESS					76/6	
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP			·		0010	
DOCUMENT # NAME					STRE	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP					CITY-ST-ZIP							
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NAME STREET ADDRESS					CITY-	-ST-ZIP	70	00054	185	<u>57-</u>	_ 6	
CITY-ST-ZIP DOCUMENT #					OYDS		-05/01/0201083004 ****526.25 *****526.					
NAME STREET ADDRESS	ı				SIRE	ET ADDRESS						
CITY-ST-ZIP					CITY-	-ST-ZIP						
DOCUMENT # NAME					STRE	ET ADDRESS						
STREET AODRESS City-St-Zip					CITY-	-ST-ZIP						
DOCUMENT #				-	STRE	ET ADDRESS						
STREET ADDRESS CITY-STEZIP					CITY-	-ST-ZIP		· · · · · · · · · · · · · · · · · · ·				
14. I hereby c indicated the receive	ertify that the i on this report i er or trustee er	nformation supplied wi s true and accurate an npowered to execute t	h this fili d that my nis repor	ng does not qualify for y signature shall have t as required by Chap	the exer the same ter 620, F	mption stated in S legal effect as if Florida Statutes	Section 119.07(3)(i), made under oath; the	Florida Statutes. I fu at I am a General F	urther certify Partner of the	that the info	ormation thership or	

SIGNATURE: SIGNATURE AND SIGNATURE AND SIGNATURE AND STREET OF PRINTED MARKET SIGNING GENERAL PARTNER

4.15.02 813.226.0406

Date Daytime Phone *