


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90033 003 ***150.00

DOCUMENT # F00000000924	
1. Entity Name HL JACKSONVILLE G.P., INC.	

Principal Place of Business C/O REAL ESTATE CAPITAL PARTNERS L.P. 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036-2601	Mailing Address C/O REAL ESTATE CAPITAL PARTNERS L.P. 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036-2601
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60038598



2. Principal Place of Business Real Estate Capital Partners, L.P. Suite, Apt. #, etc. 114 West 47 th Street, 23 rd Floor City & State New York, N.Y. Zip 10036-1508		3. Mailing Address Real Estate Capital Partners, L.P. Suite, Apt. #, etc. 114 West 47 th Street, 23 rd Floor City & State New York, N.Y. Zip 10036-1508	
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07062006 Chg-P CR2E034 (11/05)

4. FEI Number 13-4090321		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINNEY, ROBERT L. 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman - Kinney, Robert L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 114 W. 47 th Street, 23 rd Flr New York, N.Y. 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHEWER, KARIN E. 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Karin E. Shewer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 114 W. 47 th Street, 23 rd Flr New York, N.Y. 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SAAS, MARTIN D 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - Doocy, Paul J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 114 W. 47 th Street, 23 rd Flr New York, N.Y. 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAMLE, HUGH R 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST - McGee, Robert J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 114 W. 47 th Street, 23 rd Flr New York, N.Y. 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGEE, ROBERT 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/31/06 212-655-4393