


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # F00000000924		
1. Entity Name HL JACKSONVILLE G.P., INC.		
Principal Place of Business C/O REAL ESTATE CAPITAL PARTNERS L.P. 114 WEST 47TH STREET, 23RD FLOOR NEW YORK, NY 10036	Mailing Address C/O REAL ESTATE CAPITAL PARTNERS L.P. 114 WEST 47TH STREET, 23RD FLOOR NEW YORK, NY 10036	



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KINNEY, ROBERT L 114 W 47TH STREET 23RD FLR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEWER, KARIN E 114 W 47TH STREET 23RD FLR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCGEE, ROBERT 114 W 47TH STREET 23RD FLR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOOCY, PAUL J 114 W 47TH STREET 23RD FLR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

4/16/07
Date

212-843-6100
Daytime Phone