

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 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



03102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4090321	Applied For 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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	KINNEY, ROBERT L
STREET ADDRESS	114 W 47TH STREET 23RD FLR
CITY-ST-ZIP	NEW YORK, NY 10036

TITLE	P
NAME	SHEWER, KARIN E
STREET ADDRESS	114 W 47TH STREET 23RD FLR
CITY-ST-ZIP	NEW YORK, NY 10036

TITLE	ST
NAME	MC GEE, ROBERT
STREET ADDRESS	114 W 47TH STREET 23RD FLR
CITY-ST-ZIP	NEW YORK, NY 10036

TITLE	VP
NAME	DOOCY, PAUL J
STREET ADDRESS	114 W 47TH STREET 23RD FLR
CITY-ST-ZIP	NEW YORK, NY 10036

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/22/08-80039-018 150.00

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

4/28/08 212-655-4393
Date Daytime Phone #