2004 FOR PROFIT CORPORATION ANNUAL REPORT

OL JUN -9 AH 10: 42 DOCUMENT # F98000006675 HLC TAMPA PARTNERS, INC. SECRETARY OF STATE TALL AHASSEE FLORIDA Mailing Address Principal Place of Business 7080 ABERCORN STREET 7080 ABERCORN STREET SAVANNAH, GA 31406 SAVANNAH, GA 31406 05062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 58-2427635 Not Applicable \$8.75 Additional 5. Certificate of Status Desired -6. Name and Address of Current Registered Agent DO NOT WRITE C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE HAMMOND, J. R. NAME STREET ADDRESS 7080 ABERCORN STREET SAVANNAH, GA 31406 CITY-ST-ZIP %600037847296 TOLE 06/16/04=-01053=5025 AIMONE, CHARLES M 7080 ABERCORN STREET STREET ANDRESS SAVANNAH, GA 31406 CITY-ST-ZIP TD ROBERTS, CHARLES H-STREET ADDRESS 7080 ABERCORN STREET DO NOT WRITE CITY-ST-ZIP SAVANNAH, GA 31406 IN THIS SPACE TITLE SAULS, G. G. NAME 7080 ABERCORN STREET STREET ADDRESS SAVANNAH, GA 31406 CITY-ST-ZIP

12. 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 or supplemental peport igitrue and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee employered 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 of the latest provided the employered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S2 ZIP

5/7/04

FILED