2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006
Secretary of State

DOCUMENT# N46078

Entity Name: GF/AMELIA ISLAND PROPERTIES, INC.

Current Principal Place of Business:

2700 ATLANTIC AVE
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

15 PIEDMONT CENTER # 930
3575 PIEDMONT ROAD NE
ATLANTA, GA 30305 US

New Mailing Address:

FEI Number: 58-1970292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANK E MALONEY
5 WEST MACCLENNY AVE
MACCLENNY, FL 32063 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete
Name: WEISEL, ERIC I DVP
Address: 214 WEST MAIN STREET
City-St-Zip: BLOOMSBURG, PA 17815

Title: DP ( ) Delete
Name: GROVE, GREGORY K DP
Address: 1075 W. CONWAY DR.
City-St-Zip: ATLANTA, GA 30305

Title: DVP ( ) Delete
Name: BASS, CLYDE W DVP
Address: 76 LAUREL FOREST CR.
City-St-Zip: ATLANTA, GA 30305

Title: VP ( ) Delete
Name: DELOZIER, ARTHUR C
Address: 15 PIEDMONT CTR, SUITE 930
City-St-Zip: ATLANTA, GA 30305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR C. DELOZIER VP 03/14/2006

Electronic Signature of Signing Officer or Director — Date