PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

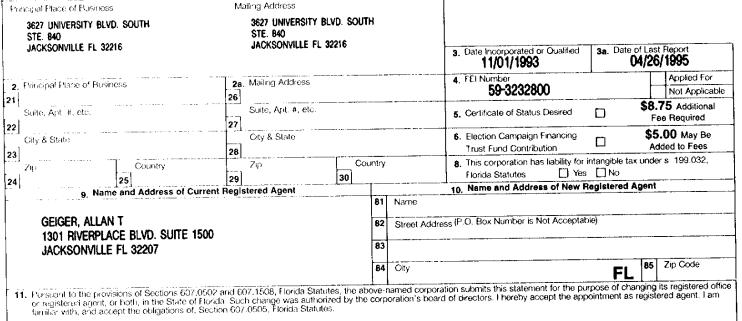
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**DOCUMENT #** Corporation Name

SIGNATURE

GH PARTNERSHIP HOLDINGS MLLA, INC.



ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1 1 TILE Tiflut BROWN, J B MD 1.2 NAME NAM 3627 UNIVERSITY BLVD. SOUTH STE. 840 1.3 STREET ADDRESS SERE! LADDRESS JACKSONVILLE FL 32216 14 CITY - ST - ZIP CITY 51-7P ☐ Change ☐ Addition DP XX DELETE 2 1 TITLE HILE CARROLL, DAVID W 22 NAME NAME 3627 UNIVERSITY BLVD. SOUTH STE. 840 23 STHEET ADDRESS STREET ADDRESS JACKSONVILLE FL 32216 24 CHTY - ST - ZIP Cd Y - S1 7/2 Addition Change DELETE DSTV 3 1 TITLE 1000 BAER, DOUGLAS M NAME 3627 UNIVERSITY BLVD. SOUTH STE. 840 33 STREET ADDRESS STREET ADDRESS. JACKSONVILLE FL 32216 34 CITY - ST - ZIP C 14-ST ZP Change ☐ Addition [ DELETE 4 1 Tille ithi NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - \$1 - ZiP CHY ST ZIP Addition Change DELETE 5 1 TITLE THEF 5.2 NAME NAME 5.3 STREET ADDRESS STREET LADDRESS 5 4 CHY-ST-ZIP 01Y 51 ZIP Change Addition

(NOTE: Registered Agent signature required when reinstating)

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 11 (chyriged, or on an attachment with an address

SIGNING DEFICER OR DIRECTOR

6 1 THLE

6.2 NAME

6 3 STREET ADDRESS

DELETE

SIGNATURE:

THEF

NAME

STREET ADDRESS

CR2E034 (12/95)