

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000075286 (3)
 1. Corporation Name
GH PARTNERSHIP HOLDINGS MLLA, INC.



Principal Place of Business 3627 UNIVERSITY BLVD. SOUTH STE. 840 JACKSONVILLE FL 32216	Mailing Address 3627 UNIVERSITY BLVD. SOUTH STE. 840 JACKSONVILLE FL 32216
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DO NOT WRITE IN THIS SPACE.

21 Principal Place of Business Suite, Apt. #, etc City & State Zip	22 Suite, Apt. #, etc	23 City & State	24 Zip	25 Country	26 Mailing Address Suite, Apt. #, etc City & State Zip	27 Suite, Apt. #, etc	28 City & State	29 Zip	30 Country
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3. Date Incorporated or Qualified
11/01/1993

4. FEI Number
59-3232800 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
GEGER, ALLAN T
1301 RIVERPLACE BLVD. SUITE 1500
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	BROWN, J B MD	
STREET ADDRESS	3627 UNIVERSITY BLVD. SOUTH STE. 840	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BAER, DOUGLAS M	
STREET ADDRESS	3627 UNIVERSITY BLVD. SOUTH STE. 840	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DSTV	<input type="checkbox"/> DELETE
NAME	RENSCHMIDT, TIMOTHY W.	
STREET ADDRESS	3627 UNIVERSITY BLVD. S.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]* **4/24/98 904-391-1205**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone # **0036142**

CR2E034 (10/97)