

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90052 007 ***150.00

DOCUMENT # P93000075286

1. Entity Name

GH PARTNERSHIP HOLDINGS MLLA, INC.

Principal Place of Business

Mailing Address

3627 UNIVERSITY BLVD. SOUTH
 STE. 840
 JACKSONVILLE FL 32216

3627 UNIVERSITY BLVD. SOUTH
 STE. 840
 JACKSONVILLE FL 32216-7404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3599 University Blvd., S.

3599 University Blvd., S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

Suite B

City & State
 Jacksonville, FL

City & State
 Jacksonville, FL

4. FEI Number **59-3232800**

Applied For
 Not Applicable

Zip Country
 32216

Zip Country
 32216

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEIGER, ALLAN T
 1301 RIVERPLACE BLVD. SUITE 1500
 JACKSONVILLE FL 32207

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** Delete
 NAME **BROWN, J B MD**
 STREET ADDRESS **3627 UNIVERSITY BLVD. SOUTH STE. 840**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE Change Addition
 NAME
 STREET ADDRESS **3599 University Blvd., S., Suite B**
 CITY-ST-ZIP

TITLE **DP** Delete
 NAME **BAER, DOUGLAS M**
 STREET ADDRESS **3627 UNIVERSITY BLVD. SOUTH STE. 840**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **3599 University Blvd., S., Suite B**
 CITY-ST-ZIP

TITLE **DSTV** Delete
 NAME **REINSCHMIDT, TIMOTHY W.**
 STREET ADDRESS **3627 UNIVERSITY BLVD. S.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **3599 University Blvd., S., Suite B**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **Hutton, Donald H.**
 CITY-ST-ZIP **3599 University Blvd., S., Suite B Jacksonville, FL 32216**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00
 Date

904-858-7474
 Daytime Phone #

CR2E034 (9/99)