FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED
AND
FILED

95 APR 26 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000062241 (2)

1. Corporate Name

~~MMS PARTNERSHIP HOLDINGS PLLC, INC.~~

GH PARTNERSHIP HOLDINGS PLLC, INC.

Principal Place of Business
3627 UNIVERSITY BLVD. SOUTH
SUITE 840
JACKSONVILLE FL 32216

Mailing Address
3627 UNIVERSITY BLVD. SOUTH
SUITE 840
JACKSONVILLE FL 32216

3. Date of Last Report: 08/24/1994

3a. Date of Last Report

2. Principal Place of Business — 21

2a. Mailing Address — 26

22 — 27

23 — 28

24 — 25 — 29 — 30

4. FEI Number: 59-3275046 — 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. Does corporation owe unpaid delinquent taxes or penalties to Florida? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

GEIGER, ALLAN T
1301 GULF LIFE DRIVE
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)
1301 Riverplace Blvd., Suite 1500

83
Rogers, Towers, Bailey, Jones & Gay

84 City: FL — 85 Zip Code

11. Pursuant to the provisions of Section [illegible] Florida Statutes, the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The registered office of this business entity shall be the registered agent's business office identical to the registered agent's business address. The registered agent has agreed to act as registered agent and agrees to comply with the provisions of Section [illegible] Florida Statutes, relative to keeping open its office.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	D
Name	CARROLL, DAVID W
Address	3627 UNIVERSITY BLVD. SOUTH
City/State/Zip	JACKSONVILLE FL 32216
Title	D
Name	BROWN, J. BROOKS
Address	3627 UNIVERSITY BLVD. SOUTH
City/State/Zip	JACKSONVILLE FL 32216
Title	D
Name	BAER, DOUGLAS
Address	3627 UNIVERSITY BLVD. SOUTH
City/State/Zip	JACKSONVILLE FL 32216

13. ADDITIONS, CHANGES OR DELETIONS AND CORRECTIONS

Title	DP	X Change [ ] Add
Name		
Address		
City/State/Zip		
Title	DC	X Change [ ] Add
Name		
Address		
City/State/Zip		
Title	DVT	X Change [ ] Add
Name		
Address		
City/State/Zip		
Title		[ ] Change [ ] Add
Name		
Address		
City/State/Zip		
Title		[ ] Change [ ] Add
Name		
Address		
City/State/Zip		
Title		[ ] Change [ ] Add
Name		
Address		
City/State/Zip		

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and 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 Florida Statutes; and that my name appears in Block 12 or Block 13 of the report or in any attachment to the report in the capacity shown for the current tax year or for any prior tax year and that my name appears in the same capacity as an officer or director of the business entity named in Block 1 of the report or as the successor in interest of a business entity that was an officer or director of the business entity named in Block 1 of the report during any tax year.

SIGNATURE: Douglas M. Baer — 4/5/95 — 904-311-1303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0018200 CP