


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90012 045 ***150.00

DOCUMENT # P95000066786		
1. Entity Name SHEA 90 CORPORATION		

Principal Place of Business 1801 HERMITAGE BLVD STE 600 TALLAHASSEE, FL 32308 US	Mailing Address 1801 HERMITAGE BLVD STE 600 TALLAHASSEE, FL 32308 US
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54016406



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02132004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3352743	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
TODD, DAVID E 1801 HERMITAGE BLVD SUITE 100 TALLAHASSEE, FL 32308	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BOULEVARD	
CITY - ST - ZIP	TALLAHASSEE, FL 32308	
TITLE	DVAT	<input type="checkbox"/> Delete
NAME	GRAY, LYNNE M	
STREET ADDRESS	1801 HERMITAGE BLVD., SUITE 600	
CITY - ST - ZIP	TALLAHASSEE, FL 32308	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DECOSTA, LALER	
STREET ADDRESS	3424 PEACHTREE RD NE STE 800	
CITY - ST - ZIP	ATLANTA, GA 30326	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	SMITH, JEFFREY L	
STREET ADDRESS	1801 HERMITAGE BLVD STE 800	
CITY - ST - ZIP	TALLAHASSEE, FL 32308	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MCKEAN, THOMAS A	
STREET ADDRESS	3424 PEACHTREE ROAD N.E. SUITE 800	
CITY - ST - ZIP	ATLANTA, GA 30326	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	TRIVERS, LISA K	
STREET ADDRESS	3424 PEACHTREE ROAD NE., SUITE 800	
CITY - ST - ZIP	ATLANTA, GA 30326	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARRIOR, DEXTER B.	
STREET ADDRESS	3424 PEACHTREE RD., NE, STE. 800	
CITY - ST - ZIP	ATLANTA, GA 30326	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LATHEM, LORI O.	
STREET ADDRESS	3424 PEACHTREE RD., NE, STE. 800	
CITY - ST - ZIP	ATLANTA, GA 30326	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWMARK, DEBBIE J.	
STREET ADDRESS	3424 PEACHTREE RD., NE, STE. 800	
CITY - ST - ZIP	ATLANTA, GA 30326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debbie J. Newmark **Debbie J. Newmark** 02/17/04 404-846-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #