2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000052365

Entity Name: SH GENERAL PARTNER, INC.

FILED Apr 03, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4000 SAND DESTIN, FL	ESTIN BLVD. 8 . 32550	SOUTH					
Current Mailing Address:				New Mailing Address:			
4000 SANDESTIN BLVD. SOUTH DESTIN, FL 32550			200 GRAND BOULEVARD 205-B DESTIN, FL 32550				
FEI Number:	59-3398819	FEI Number Applied For ()	FEI Num	nber Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
HART, W. CHRISTOPHER 34990 EMERALD COAST PARKWAY SUITE 301 DESTIN, FL 32541 US							
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:							
Electronic Signature of Registered Agent				Date			
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () E O'NEAL, MIKE 2200 WOODHILL EDMOND, OK	Delete		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () E LOWE, BURTON 1219 ROXMERE TAMPA, FL	Pelete		Title: Name: Address: City-St-Zip:	VPD (X) JOHNSON, LARI 602 BELLE MEA MONROE, GA 3	ADE ROAD	
Title: Name: Address: City-St-Zip:	SD () E ADAMS, CHARLE 104 LIVERPOOL WILLIAMSBURG	STREET		Title: Name: Address: City-St-Zip:	SD (X) ADAMS, CHARL 901 BAY ROAD VERO BEACH, F	#202	
Title: Name: Address: City-St-Zip:	D () E MORRIS, WALTE 711 WALNUT ST HELENA, AR			Title: Name: Address: City-St-Zip:	D (X) FENNER, JIM 1228 ARABELLA NEW ORLEANS		
Title: Name: Address: City-St-Zip:	D () E JOHNSON, LARR 352 BELLEMEAD MONROE, GA 30	E ROAD		Title: Name: Address: City-St-Zip:	CHILDS, PETER	OCKFORD DRIVE	
Title: Name: Address: City-St-Zip:	VP () E KAMM, ROBERT 200 GRAND BOU DESTIN, FL 325			Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT T KAMM VP 04/03/2006