

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000052365

FILED
Mar 27, 2007
Secretary of State

Entity Name: SH GENERAL PARTNER, INC.

Current Principal Place of Business:

4000 SANDESTIN BLVD. SOUTH
DESTIN, FL 32550

New Principal Place of Business:

Current Mailing Address:

200 GRAND BOULEVARD
205-B
DESTIN, FL 32550

New Mailing Address:

FEI Number: 59-3398819 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, W. CHRISTOPHER
34990 EMERALD COAST PARKWAY
SUITE 301
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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 Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: O'NEAL, MIKE
Address: 2200 WOODHILL
City-St-Zip: EDMOND, OK

Title: VPD () Delete
Name: JOHNSON, LARRY
Address: 602 BELLE MEADE ROAD
City-St-Zip: MONROE, GA 30655

Title: SD () Delete
Name: ADAMS, CHARLES
Address: 901 BAY ROAD #202
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: FENNER, JIM
Address: 1228 ARABELLA STREET
City-St-Zip: NEW ORLEANS, LA 70115

Title: D () Delete
Name: CHILDS, PETER
Address: 3114 SOUTH ROCKFORD DRIVE
City-St-Zip: TULSA, OK 74105

Title: VP () Delete
Name: KAMM, ROBERT
Address: 200 GRAND BOULEVARD 205-B
City-St-Zip: DESTIN, FL 32550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

03/27/2007

Electronic Signature of Signing Officer or Director

_____ Date