

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000052365

FILED  
Mar 20, 2008  
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:

Title: ( ) Change ( ) Addition  
Name:  
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 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

03/20/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date