OZ MAY 17 AM 9: 46  Principal Place of Business 399 IMM/RRITY BUND. SOUTH SUITE B JUCKSONNILE FI. 32218  JUCKSONNI	2002 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # \$59481  1. Entity Name GH PARTNERSHIP HOLDINGS PPA, INC.							ED
Principal Place of Business 399 UNIVERSITY BLVD. SOUTH SUITE 8 JACKSONNILE FI. 32216  2. Principal Place of Business Suite, Apt. #, etc.  City & State  City							r -	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Ci	3599 UNIVER	SITY BLVD. SOUT	H SUITE B	3599 UNIVERSITY BLVD. SOUTH SUITE B			SEURETA TALLAHAS	RY OF STATE SSEE. FLORIDA
City & State  Country  Country  Country  S. Certificate of Status Desired  \$3.75 Additional Fee Required  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  ReGIGER, ALLAN T  1301 BYCRPLACE BLVD. SUTE 1500  ROGERS, TOWERS, BALLEY, JONES & QAY  JACKSONVILLE FL 32207  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, hyned or printer name of registered agent and lise if applicable  Signature Bycode or printer name of registered agent and lise if applicable  Signature Bycode or printer name of registered agent and lise if applicable  Signature Bycode or printer name of registered agent and lise if applicable  Signature Bycode or printer name of registered agent and lise if applicable  Signature Bycode or printer name of registered agent and lise if applicable  Signature Bycode or printer name of registered agent and lise if applicable  Signature Bycode or printer name of registered agent and lise if applicable  Signature Bycode or printer name of registered agent and lise if applicable  Signature Bycode or printer name of registered agent and lise if applicable  Signature Bycode or printer name of registered agent and lise if applicable  Signature Bycode or printer name of registered agent and lise if applicable  Signature Bycode or printer name of registered agent and lise if applicable  Signature Bycode or printer name of registered agent or both in the State of Florida.  Signature Bycode or printer name of registered agent or both in the State of Florida.  Signature Bycode or printer name of registered agent or both in the State of Florida.  Signature Bycode or printer name of registered agent or both in the State of Florida Bycode or Printer name of the State of Florida Bycode or Printer name of the State of	Principal Place of Business     3. Mailing Address						1 10211217 101	81.811 61.611 91.911 71.811 61.811 61.811 88.81
Section   Sect	Suite, Apt. #, etc. Suite, Apt. #				. #, etc.		DO NOT WRITE IN	THIS SPACE
ENGER, ALLAN T  1301 RIVERPLACE BLVD. SLITE 1500  ROGERS, TOWERS, BAILEY, JONES & GAY  JACKSONVILLE FL. 32207  B. 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  Signature, hood or prince name of registered agent and use if applicable.  ROTE Registered Agent   Street Address (P.O. Box Number is Not Acceptable)  FLL   Zip Code    FLL   Zip Code    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  Signature, hood or prince name of registered agent and use if applicable.  NOTE Registered Agent is practice requirement and expert to do so.  (See onteria on buck)  After May 1, 2002 Fee will be \$\$50.00   Make Check Payable to Department of State  Street Address of Now Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  To. Belediton Campaign Financing   \$5.00 May Be Address to do so.  (See onteria on buck)  The Now III FEE IS \$150.00   After May 1, 2002 Fee will be \$\$50.00   Make Check Payable to Department of State  Trust Fund Contribution.  The Now III FEE IS \$150.00   After May 1, 2002 Fee will be \$50.00   Make Check Payable to Department of State  Trust Fund Contribution.  The Now III FEE IS \$150.00   After May 1, 2002 Fee will be \$50.00   Aft	City & State City & State				ite		4. FEI Number 59-3075439	<del>   </del>
Signature For Si	Zip	0	Country	Zip Country			5. Certificate of Status Desired	\$8.75 Additional
GEIGER, ALIAN T  1301 RIVERPLACE BLVD. SUITE 1500  ROGERS, TOWERS, BAILEY, JONES & GAY  JACKSONVILLE FL 32207  City  FL  Zip Code  City  FL  Zip C		6. Name and	d Address of Current Re	gistered Agent			7. Name and Address of New Regist	
Signature, howed or orinsed name of registered agent and use if applicable.  Signature, howed or orinsed name of registered agent and use if applicable.  Signature, howed or orinsed name of registered agent and use if applicable.  Signature, howed or orinsed name of registered agent and use if applicable.  Signature, howed or orinsed name of registered agent and use if applicable.  Signature, howed or orinsed name of registered agent and use if applicable.  Signature, howed or orinsed name of registered agent and use if applicable.  Signature, howed or orinsed name of registered agent and use if applicable.  Signature, howed or orinsed name of registered agent and use if applicable.  Signature, howed or orinsed name of registered agent and use if applicable.  NOTE: Registered Agent signature required when rearrations)  DATE  Signature, howed or orinsed name of registered agent and use if applicable.  NOTE: Registered Agent signature required when rearrations)  DATE  Signature, howed or orinsed name of registered agent, or both, in the State of Florida.  Signature required name of registered agent, or both, in the State of Florida.  Signature required name of registered agent, or both, in the State of Florida.  NOTE: Registered Agent signature required when rearratineg)  DATE  Signature, howed or orinsed name of registered agent, or both, in the State of Florida.  Signature required name of registered agent, or both, in the State of Florida.  NOTE: Registered Agent signature required when rearratineg)  DATE  Signature, howed or orinsed name of registered agent, or both, in the State of Florida.  NOTE: Registered Agent signature required agent agent name of registered agent, or both, in the State of Florida.  NOTE: Registered Agent signature required agent name registered agent, or both, in the State of Florida.  Signature required agent, or both, in the State of Florida.  NOTE: Pregistered Agent signature required agent name registered agent name registered agent name registered agent name registered agent name	CEIGED	ALBANIT		,	N	amė	,	
ROGERS, TOWERS, BAILEY, JONES & GAY JACKSONVILLE FL 32207  City  FL Zip Code  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.  SIGNATURE  Signature Formula, hood or primar name of registered agent and use if applicable.  [NOTE: Registered Agent signature required when namestative)  PLE IN ONLY: FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IT OFFICERS AND DIRECTORS IN 11  OFFICERS AND DIRECTORS IN 11  OFFICERS AND DIRECTORS IN 11  IT OFFICERS AND DIRECTORS IN 11  OFFICERS AND DIRECTORS IN 11  OFFICERS AND DIRECTORS IN 11  IT OFFICERS AND DIRECTORS IN 11  OFFICERS AND DIRECTORS IN 11  IT OFFICERS AND DIRECTORS IN 11  OFFICERS AND DIRECTORS IN 11  OFFICERS AND DIRECTORS IN 11  IT OFFICERS AND DIRECTORS IN 11  OFFICERS AND DIRECTORS	•		SUITE 1500		Si	reet Address (P	O. Box Number is Not Acceptable)	
ACKSONVILLE FL 32207  City  FL Zip Code  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.  Signature  Signature  Signature, hyeor or printed name of registered agent and use it applicable.  PLE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  BROWN, J. BROOKS  STREET ADDRESS  CITY-ST-2P  JACKSONVILLE FL  DP  BACKSONVILLE FL  DEVELOPMENT BACKSONVILLE FL  DEVE						<u> </u>		· · · · · · · · · · · · · · · · · · ·
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, hyand or brinted name of registered agent and tile of applicable.  [NOTE: Registered Agent alignature require recoursed when reinstating)  DATE  10. Election Campaign Financing Trust Fund Contribution.  After May 1, 2002 Fee will be 9550.00  After May 1, 2002 Fee will be 9550.00  After May 1, 2002 Fee will be 9550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  DC BROWN, J. BROOKS  STREET ADDRESS		•			C	City PI Zin Code		Zip Code
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Signature, hybord or printed name of registered appert and use if applicable. [NOTE: Registered Appert signature requirement and elects to do so. (See criteria on back)   Till	D. 1110 00010	o manioo cinity da	Simily (my Statement for th	ie perpose of chariging i	ra registered of	nco or registera	or agent, or both, in the state of Florida.	
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE BROWN, J. BROOKS 3599 UNIVERSITY BLVD. SOUTH SUITE B JACKSONVILLE FL  DSTV REINSCHMIDT, TIMOTHY W. 3599 UNIVERSITY BLVD. SOUTH SUITE B JACKSONVILLE FL  DP BAER, DOUGLAS M. 3599 UNIVERSITY BLVD. SOUTH SUITE B JACKSONVILLE FL  DP BAER, DOUGLAS M. 3599 UNIVERSITY BLVD. SOUTH SUITE B JACKSONVILLE FL  DP BAER, DOUGLAS M. 3599 UNIVERSITY BLVD. SOUTH SUITE B JACKSONVILLE FL  DP BAER, DOUGLAS M. 3599 UNIVERSITY BLVD. SOUTH SUITE B JACKSONVILLE FL  DP BAER, DOUGLAS M. 3599 UNIVERSITY BLVD. SOUTH SUITE B JACKSONVILLE FL  DP BAER, DOUGLAS M. 3599 UNIVERSITY BLVD. SOUTH SUITE B JACKSONVILLE FL  DP BAER, DOUGLAS M. 3599 UNIVERSITY BLVD. SOUTH SUITE B JACKSONVILLE FL  DP BAER, DOUGLAS M. 3599 UNIVERSITY BLVD. SOUTH SUITE B JACKSONVILLE FL  DP BAER, DOUGLAS M. 3599 UNIVERSITY BLVD. SOUTH SUITE B JACKSONVILLE FL  DC  Delete  TITLE  DATE  DC  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition	SIGNATURE		mind name of conjumed a seed and	Little if applicable	OTE: Basimarad &		And the second of the second o	
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13. 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 it made under out; that Lam an officer or director	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DC BROWN, J. BI 3599 UNIVERS JACKSONVILL DSTV REINSCHMIDT 3599 UNIVERS JACKSONVILL DP BAER, DOUGL 3599 UNIVERS JACKSONVILL D HUTTON, DON 3599 UNIVERS	OFFICERS AND DIS  ROOKS SITY BLVD. SOUTH SU E FL  T, TIMOTHY W. SITY BLVD. SOUTH SU E FL  AS M. SITY BLVD. SOUTH SU E FL  VALD H SITY BLVD. SOUTH SU	After May 1, 2 Make Check Pays  RECTORS  Delete  JITE B  Delete  JITE B  Delete  JITE B	### TOTAL PROPERTY OF THE PROP	DRESS P DRESS	Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS  D/C.  D/C.  D/C.  D/C.  D/C.  D/C.  TURNBERRY CT.	Added to Fees  S AND DIRECTORS IN 11 Change Addition  Change Addition  Change Addition  Change Addition
of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Horida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment within address, with all other the empowered.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP	DC BROWN, J. BI 3599 UNIVERS JACKSONVILL DSTV REINSCHMIDT 3599 UNIVERS JACKSONVILL DP BAER, DOUGL 3599 UNIVERS JACKSONVILL D HUTTON, DON 3599 UNIVERS JACKSONVILL Continuous Con	OFFICERS AND DISTROOKS SITY BLVD. SOUTH SUE FL  T, TIMOTHY W. SITY BLVD. SOUTH SUE FL  AS M. SITY BLVD. SOUTH SUE FL  VALD H SITY BLVD. SOUTH SUE FL  VALD H SITY BLVD. SOUTH SUE FL  SUPPLIED THE SUE FL  Demandion supplied with this suppliermental report is true	After May 1, 2 Make Check Pays  RECTORS  Delete  Delete  Delete  Delete  Delete  Delete  Delete  Stilling does not qualify fee and accurate and that	12. TITLE NAME STREET ADI CITY-ST-ZI TITLE NAME STREET ADI CITY-ST	DRESS P DRESS	Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS  D/C  D/C  DS, ZACHARY R.  TURN BERRY CT.  SONU [//E, FL 32]	Added to Fees  S AND DIRECTORS IN 11  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
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SIGNATURE:

Vol

## GH Partnership Holdings MLLA, Inc. CORPORATE OFFICERS April, 2002

Title: D/P

Douglas M. Baer

77 Tallwood Road, Jacksonville Beach, FL 32250

Title: D/VP

Timothy W. Reinschmidt

3599 University Blvd. Jacksonville Beach, FL 32216