


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90214 003 ***150.00

DOCUMENT # S59481							
1. Entity Name GH PARTNERSHIP HOLDINGS PPA, INC.							
Principal Place of Business 3599 UNIVERSITY BLVD. SOUTH SUITE B JACKSONVILLE, FL 32216			Mailing Address 3599 UNIVERSITY BLVD. SOUTH SUITE B JACKSONVILLE, FL 32216				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-3075439			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
GEIGER, ALLAN T 1301 RIVERPLACE BLVD. SUITE 1500 ROGERS, TOWERS, BAILEY, JONES & GAY JACKSONVILLE, FL 32207			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			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. 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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SNEED, GARY W		NAME				
STREET ADDRESS	3599 UNIVERSITY BLVD. SOUTH SUITE B		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP				
TITLE	DSTV	<input type="checkbox"/> Delete	TITLE	D,VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPIGEL, MICHAEL		NAME				
STREET ADDRESS	8631 SAN SERVERA DRIVE E		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-ST-ZIP				
TITLE	DCP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAER, DOUGLAS M.		NAME				
STREET ADDRESS	77 TALLWOOD ROAD		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP				
TITLE	DVP, S.T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Odin Berg		NAME				
STREET ADDRESS	3599 University Blvd, South		STREET ADDRESS				
CITY-ST-ZIP	Jacksonville, FL 32216		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Odin Berg</i>		Odin Berg		04/25/08 (904) 858-7488			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			