## \*2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # S59481  1. Entity Name GH PARTNERSHIP HOLDINGS PPA, INC.						05-01-2008 90214 003 ***150.00			
Principal Place of Business Mailing Address			L		╡.				
3599 UNIVERSITY BLVD. SOUTH SUITE B JACKSONVILLE, FL 32216  3599 UNIVERSITY BLVD. JACKSONVILLE, FL 3221							er exert etek etek exek exek exek ex		
2. Principal P	lace of Business - No P.O. Box#	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242008	Chg-P	CR2E034 (12/06)			
City & State		City & State			4. FEI Numb 59-307	-	<del></del>	pplied For ot Applicable	
Zip	Country	Zip	Country	•		of Status Desired	See Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
GEIGER,	ALLAN T			Name					
1301 RIVERPLACE BLVD. SUITE 1500 ROGERS, TOWERS, BAILEY, JONES & GAY JACKSONVILLE, FL 32207			_	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 Signature, typed or printed name of registered agent and title if applicable. (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 \$5.00 May Be Added to Fees									
10.	OFFICERS AND O	DIRECTORS	11.		ADDITIONS	L /CHANGES TO OFF	FICERS AND DIRECTOR	\$ IN 11	
TITLE	D Delete		THTLE				☐ Change	☐ Addition	
NAME	SNEED, GARY W								
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS  3599 UNIVERSITY BLVD. SOUTH SUITE B  CITY-ST-ZIP  JACKSONVILLE, FL			ADDRESS - Zip					
TITLE	DOT!		TITLE	DN	./0		Change	☐ Addition	
NAME	Doloit		NAME	'رحا	•		T. CHANGE	☐ VOUIDUI	
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-ST	-ZIP			· · · · · · · · · · · · · · · · · · ·		
NAME. — -	DCP Delete  **BAER, DOUGLAS M.**		TITLE NAME		<del></del>	_	☐ Change	Addition	
STREET ADDRESS	77 TALLWOOD ROAD			ADDRESS					
CITY-ST-ZIP			CITY-ST						
TITLE -	DVPST	☐ Delete	TITLE				☐ Change	Addition	
NAME	Odin Berg								
NAME STREET ADDRESS GITY-ST-ZIP TILLE TILLE TILLE TOTAL TOTA			STREET /	ı					
TITLE	MORSOWINE, FL SCAR	□ Delete	TITLE	-211			Change	☐ Addition	
NAME		Colete	NAME				change	☐ AUGINOII	
STREET ADDRESS			STREET						
CITY-ST-ZIP	·		CITY-ST	- ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME Street Address			NAME STREET	ADDRESS				İ	
CITY-ST-ZIP			CITY-ST						
40 11									

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:

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR D