FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S59490 (0)

1. Corporation Name

~~MMS/PARTNERSHIP/HOLDINGS/SPBD/INC.~~

GH PARTNERSHIP HOLDINGS SPBD, INC.

Principal Place of Business	Mailing Address
3627 UNIVERSITY BLVD. SOUTH SUITE 840 JACKSONVILLE FL 32216	3627 UNIVERSITY BLVD. SOUTH SUITE 840 JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/12/1991
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-3075442 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

WARD, DOUGLAS A
1300 GULF LIFE DR.
ROGERS, TOWERS, BAILEY, JONES & GAY
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: Geiger, Allan T.
82 Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd., Suite 1500
83 Rogers, Towers, Bailey, Jones & Gay
84 City: Jacksonville FL 85 Zip Code: 32207

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 3/29/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1 1 TITLE	☐ Change ☐ Addition
NAME	BROWN, J. BROOKS	1 2 NAME	
STREET ADDRESS	3627 UNIVERSITY BLVD. S.	1 3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1 4 CITY-ST-ZIP	
TITLE	DP	2 1 TITLE	☐ Change ☐ Addition
NAME	CARROLL, DAVID W.	2 2 NAME	
STREET ADDRESS	3627 UNIVERSITY BLVD. S.	2 3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2 4 CITY-ST-ZIP	
TITLE	DST	3 1 TITLE	DSTV ☒ Change ☐ Addition
NAME	BAER, DOUGLAS M.	3 2 NAME	
STREET ADDRESS	3627 UNIVERSITY BLVD. SO	3 3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	700003148703
STREET ADDRESS		4 3 STREET ADDRESS	-04/27/95--01071--020
CITY-ST-ZIP		4 4 CITY-ST-ZIP	***200.00 ***200.00
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Douglas M. Baer — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/95 Date — 904-391-1205 Daytime Phone #

0018200 CP