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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

S59490

(0)

GH PARTNERSHIP HOLDINGS SPBD, INC.

**FILED** Mar 02 1998 8:00am Secretary of State



	RSITY BLVD. SOUTH	3027- UNIVERSITY BLV	<del>D</del> 90UTH	+			
SUITE <del>040</del> - JACKSONVILI		JACKSONVILLE EL 22316				DO NOT WRITE IN THIS SPACE	
30.1.00.11.1.0	and office	***************************************				3. Date Incorporated or Qualified	
						06/12/1991	
2, Principal P	Place of Business	2s. Mailing Address	<del></del>			4. FEI Number Applied For	
21		26 3715 Norths	side F	Pkwy	y NW	<b>59-3075442</b> Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.				S8 75 Additional	
22 Suite	430	27 Suite 105,	Bldg	300	<u> </u>	5. Certificate of Status Desired Fee Required	
City & Stat	le	City & State				6. Election Campaign Financing \$5.00 May Be	
23		Atlanta, GA				Trust Fund Contribution Added to Fees	
Zip •	Country	Zip 30327		ountry		8. This corporation owes or has paid the current year Intangible	
24	25 Name and Address of Current	11	30	USA	<u> </u>	Personal Property Tex due June 30. Yes No  No Name and Address of New Registered Agent	
0.5		Lightered Whelit		81	Name	10. Name and Address of New Registered Agent	
	EIGER, ALLAN T	^			- Trainio		
	01 RIVERPLACE BLVD. SUITE 150 DGERS, TOWERS, BAILEY, JONES			82	Street A	ddress (P.O. Box Number is Not Acceptable)	
	CKSONVILLE FL 32207	d GA		83			
ותט	DISOUTHELL I E SEED!			101	Cit.	At   7:- O.d.	
				84	City	FL 85 Zip Code	
office or r	regi <b>stered</b> agent, or both, in the State c	if Florida. Such change was	s authorizi	ed by	the corpo	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
agent. I a	am familiar with, and accept the obligat	ions of, Section 607.0505, I	Florida St	atutes	i.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (N	OTF: Register	red Age	nt signature n	equired when reinstaking) DATE	
12.	OFFICERS AND	DIRECTORS	13.	<u>.                                    </u>		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
			10	<u>''</u>			
TITLE	DC	X DELETE		TITLE		President Change Addition	
TITLE NAME	BROWN, J. BROOKS	X DELETE	1.5			The state of the s	
	Brown, J. Brooks 3627 University Blvd. S.	X DELETE	1.1 1.21	TITLE NAME	address	President Change Addition McClain, III, William A.	
NAME Street address City-St-Zip	BROWN, J. BROOKS 3627 UNIVERSITY BLVD. S. JACKSONVILLE FL		1.3 121 133 1.41	TITLE NAME STREET CITY-SI		President Change Addition McClain, III, William A.  3715 Northside Pky, Ste 105, Bldg 300 Atlanta, GA 30327	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	BROWN, J. BROOKS 3627 UNIVERSITY BLVD. S. JACKSONVILLE FL DSTV	X DELETE	1.3 121 133 1.41	TITLE NAME STREET		President Change Addition  McClain, III, William A.  3715 Northside Pky, Ste 105, Bldg 300  Atlanta, GA 30327  VicePres/Secretary Change X Addition	
NAME Street address City-St-Zip	BROWN, J. BROOKS 3627 UNIVERSITY BLVD. S. JACKSONVILLE FL DSTV REINSCHMIDT, TIMOTHY W		1.5 121 1.3: 1.41 2.1	TITLE NAME STREET CITY-SI		President Change Addition  McClain, III, William A.  3715 Northside Pky, Ste 105, Bldg 300  Atlanta, GA 30327  VicePres/Secretary Change Addition  McClain, IV, William A.	
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14. Thereby 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 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

Minho