

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S59490 (0)

1. Corporation Name
GH PARTNERSHIP HOLDINGS SPBD, INC.



Principal Place of Business 3627 UNIVERSITY BLVD. SOUTH SUITE 430- JACKSONVILLE FL 32216	Mailing Address 3627 UNIVERSITY BLVD. SOUTH SUITE 430 JACKSONVILLE FL 32216
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite 430 City & State 23 Atlanta, GA Zip Country 24 30327 25 USA		2a. Mailing Address 26 3715 Northside Pkwy NW Suite, Apt. #, etc. 27 Suite 105, Bldg 300 City & State 28 Atlanta, GA Zip Country 29 30327 30 USA	3. Date Incorporated or Qualified 06/12/1991	4. FEI Number 59-3075442 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent GEIGER, ALLAN T 1301 RIVERPLACE BLVD. SUITE 1500 ROGERS, TOWERS, BAILEY, JONES & GAY JACKSONVILLE FL 32207				10. Name and Address of New Registered Agent			
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83			
84 City		85 Zip Code		FL			

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BROWN, J. BROOKS		1.2 NAME McClain, III, William A.	
STREET ADDRESS 3627 UNIVERSITY BLVD. S.		1.3 STREET ADDRESS 3715 Northside Pky, Ste 105, Bldg 300	
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP Atlanta, GA 30327	
TITLE DSTV	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VicePres/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME REINSCHMIDT, TIMOTHY W		2.2 NAME McClain, IV, William A.	
STREET ADDRESS 3627 UNIVERSITY BLVD. S.		2.3 STREET ADDRESS 3715 Northside Pky, Ste 105, Bldg 300	
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP Atlanta, GA 30327	
TITLE DP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Handwritten signature/initials

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-03/03/98--01020--029
*****150.00**

14. 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 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

CR2E034 (10/97)