


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 11 PM 1:30

DOCUMENT # A02000001312	
1. Entity Name S CUBED HOLDINGS, LLLP	

Principal Place of Business 2875 NE 191ST STREET SUITE 400 AVENTURA, FL 33180	Mailing Address 2875 NE 191ST STREET SUITE 400 AVENTURA, FL 33180
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent MONDRE, RICHARD D 1200 SOUTH PINE ISLAND ROAD, SUITE #200 PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name <u>Papadakis, Joan</u> Street Address (P.O. Box Number is Not Acceptable) <u>2875 N.E. 191st Street</u> <u>Suite 400</u> City <u>Aventura</u> FL Zip Code <u>33180</u>	
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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 Joan Papadakis JOAN PAPANAKIS 2/26/04
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record: \$7,920,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000105152	STREET ADDRESS	2875 N.E. 191 st Street, Suite 400
NAME	S CUBED HOLDINGS GP, INC.	CITY-ST-ZIP	Aventura FL 33180
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD, SUITE #200		
CITY-ST-ZIP	PLANTATION, FL 33324		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Joan Papadakis JOAN PAPANAKIS 2/26/04 305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # 370-7112

STAPLE CHECK HERE



01292004 Chg-LP CR2E003 (10/03)

4. FEI Number APPLIED FOR 51-0428308	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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