

2001 UNIFORM BUSINESS REPORT (UBR)

1006172 AF

DOCUMENT # A31346

1. Entity Name
S-H PROPERTY HOLDINGS, LTD.

FILED
01 APR 27 PM 3: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **450 E. LAS OLAS BLVD., 15TH FLOOR FT. LAUDERDALE FL 33301**

Mailing Address: **450 E. LAS OLAS BLVD., 15TH FLOOR FT. LAUDERDALE FL 33301**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: **65-0295319**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROCHON, RICHARD C
450 E. LAS OLAS BLVD., 15TH FLOOR
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

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.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record: **\$10,000.00**

10. Amount of Capital Contributions in FLORIDA to date: **10,000.00**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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

DOCUMENT #	S33236
NAME	S-H PROP. MANAGEMENT, INC
STREET ADDRESS	450 EAST LAS OLAS BLVD., #1500
CITY-ST-ZIP	FT. LAUDERDALE FL 33301
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	70.00-4P
CITY-ST-ZIP	88.75-Adm
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800004217198--5
CITY-ST-ZIP	-05/15/01--01039--005
STREET ADDRESS	***158.75 ***158.75
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: **CRIS V. BERNAN** **4-26-01** **954-627-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (11/00)