

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

2004 APR 26 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A31346**

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



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202004

Chg-LP

CR2E003 (10/03)

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 **HUIZENBA HOLDINGS INC**  
Street Address (P.O. Box Number is Not Acceptable)  
**450 E LAS OLAS BLVD**  
**SUITE 1500**  
City **Fort Lauderdale** **FL** Zip Code **33301**

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 **HUIZENBA HOLDINGS INC by CHAS V BRADON Vice President 4/21/04**  
Signature, typed or printed name of registered agent and title if applicable. DATE

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

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

**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 #  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP  
**800036289248**  
**05/14/04--01012--017 \*\*158.75**

STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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: **CHAS V BRADON Vice President 4/21/04 954-627-5000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE