


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

**FILED  
Apr 12, 2004 8:00 A.M.  
Secretary of State**

**DOCUMENT # A96000000532**  
1. Entity Name  
ROLLER HOCKEY OF SOUTHEAST FLORIDA, LTD.



Principal Place of Business  
2295 CORPORATE BLVD., NW  
STE. 222  
BOCA RATON, FL 33431

Mailing Address  
2295 CORPORATE BLVD., NW  
STE. 222  
BOCA RATON, FL 33431

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03032004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>65-0657565</b>				Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
THE HERRICK COMPANY, INC. 2295 CORPORATE BLVD., NW STE. 222 BOCA RATON, FL 33431			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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$100.00</b>	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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000024298 RHSEF, INC. 2295 CORPORATE BLVD., NW, STE. 222 BOCA RATON, FL 33431	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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\$150

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:  VP of GP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE