


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 23 PM 3:00

<b>DOCUMENT # A96000000532</b> 1. Entity Name ROLLER HOCKEY OF SOUTHEAST FLORIDA, LTD.	
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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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01052005    Chg-LP    CR2E003 (10/03)

4. FEI Number <b>65-0657565</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
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
	State: <b>FL</b> 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 # P96000024298 NAME RHSEF, INC. STREET ADDRESS 2295 CORPORATE BLVD., NW, STE. 222 CITY-ST-ZIP BOCA RATON, FL 33431	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; font-weight: bold;">100054031741</div> <div style="text-align: center;">05/06/05--01109--004 **5238.75</div>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; font-weight: bold;">FF \$141.25</div> <div style="text-align: center;">OHS 8.75</div>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP

STAPLE CHECK HERE

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:** *[Signature]*    Date: **3/22/05**    Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER