


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A9600000850**

1. Entity Name  
**S & F FUTURES, LTD.**



Principal Place of Business  
**7777 GLADES ROAD, SUITE 310  
BOCA RATON FL 33434**

Mailing Address  
**7777 GLADES ROAD, SUITE 310  
BOCA RATON FL 33434**

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

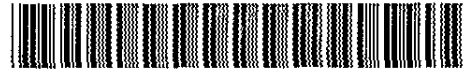
3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



MOORE CR2E003 (11/03)

4. FEI Number **65-0666725**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SCHMIER, ROBERT J  
7777 GLADES ROAD, SUITE 310  
BOCA RATON FL 33434**

**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. 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. **\$99.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #	NAME	STREET ADDRESS	CITY - ST - ZIP
P96000038661	BEV-LIN, INC.	7777 GLADES ROAD, SUITE 310	BOCA RATON FL 33434

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	CITY - ST - ZIP

100000146908  
05/03/04-80085-003 150.00

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:**  **Robert J. Schmier** **4/22/04** **561-483-8400**

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

STAPLE CHECK HERE