


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 14 PM 12:59

DOCUMENT # A99000001816

1. Entity Name
 SH 3, LTD.



Principal Place of Business Mailing Address
 506 FLEMING STREET 506 FLEMING STREET
 KEY WEST, FL 33040 KEY WEST, FL 33040

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



03292004 Chg-LP CR2E003 (10/03)

4. FEI Number		Applied For	
65-0957749		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPOTTSWOOD, ROBERT A 506 FLEMING STREET KEY WEST, FL 33040		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.	\$6,395,094.00	10. Amount of Capital Contributions in FLORIDA to date.	5,492,185
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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 #	P99000091422	STREET ADDRESS	
NAME	SH ISLAMORADA, INC. SH 3, INC.	CITY-ST-ZIP	
STREET ADDRESS	506 FLEMING STREET	STREET ADDRESS	000034491390
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP	04/28/04--01071--033 **526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

*NAME CHANGE
 AMENDMENT
 FILED 1/28/00*

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: _____ *[Handwritten Signature]* Date: 3/29/2004 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE