

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

06 MAY -1 PM 1:29

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # B05000000404



1. Entity Name  
 SENTINEL HOME MORTGAGE, LLLP, LTD.

Principal Place of Business  
 2200 BALTIMORE BLVD., SUITE 100  
 FINKSBURG, MD 21048

Mailing Address  
 2200 BALTIMORE BLVD., SUITE 100  
 FINKSBURG, MD 21048

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

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

City & State  
 Zip Country

03072006 Chg-LP CR2E003 (11/05)

4. FEI Number  
 20-3200476 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 CLINE, MARK A  
 820 EQUESTA STREET  
 FORT LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 820 Tequesta Street  
 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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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 # M05000004967  
 NAME SHM MANAGEMENT, LLC  
 STREET ADDRESS 2200 BALTIMORE BLVD., E100  
 CITY-ST-ZIP FINKSBURG, MD 21048

13. ADDRESS CHANGES ONLY  
 STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

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STREET ADDRESS  
 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Joanne C. Seleda 4/26/06 410-982-0202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE