## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

CITY-ST-ZIP

## Sep 17, 2004 08:00 AM Secretary of State **DOCUMENT # A01000000011** AMERICAN HERITAGE ACQUISITIONS & RESTORATIONS LIMITED PARTNERSHIP LLP Principal Place of Business Mailing Address 516 S.W. 4TH AVENUE 516 S.W. 4TH AVENUE FT, LAUDERDALE, FL 33315 FT. LAUDERDALE, FL 33315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 08272004 Chq-LP CR2E003 (10/03) 4. FEI Number Applied For City & State City & State 65-1061875 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name WOLF, BARBARA L Street Address (P.O. Box Number is Not Acceptable) 2425 EAST COMMERCIAL BLVD., SUITE 307 FT. LAUDERDALE, FL 33308 City 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 Signature, typed or printed name of registered agent and tale if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions 1,722,938 \$8,000,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT# STREET ADDRESS NAME HAMMER, STEPHEN STREET ADDRESS 516 S.W. 4TH AVENUE CITY-ST-ZIP CITY-ST-ZIP FT, LAUDERDALE, FL 33315 U00000172277 09/17/04-80001-009 526.25 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS MAME STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME ! STREET ADDRESS CITY-ST-ZIP

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 ray 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 region as required by Chapter 620, Florida Statutes

Kammon, GENERAL PATIEBLE 8/20/04

**FILED**