

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

AH&IH Enterprises LTD

A01000000596



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 26 AM 8:34

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7655 N. Ocean Dr

Suite, Apt. #, etc.

3001

3. Mailing Address

7655 N. Ocean Drive

Suite, Apt. #, etc.

300

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

Singer Island

City & State

Singer Island

4. FEI Number

65-1102356

Applied For

Not Applicable

Zip

33404

Country

Palm Beach

Zip

33404

Country

Palm Beach

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JANIE MAUREL ESQ

Street Address (P.O. Box Number is Not Acceptable)

500 NE SPANISH RIVER BLVD STE 27

City

Boca RATON

FL

Zip Code

33404

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

DATE

9. Capital Contributions

as Shown on record. 5,500,000

10. Amount of Capital Contributions

in FLORIDA to date. 5,500,000

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 #

P0100039413

NAME

AH&IH MANAGEMENT INC

STREET ADDRESS

7655 N. Ocean Dr Suite 300

CITY-ST-ZIP

Singer Island FL 33404

STREET ADDRESS

CITY-ST-ZIP

600032720066

04/14/04-01020-008 **526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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:

Ante J. Houghton-AH&IH MANAGEMENT INC

3/22/04

54-845-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/02)