

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 23 AM 9:08

DOCUMENT # A01000000596

1. Entity Name  
AH & IH ENTERPRISES, LTD.



Principal Place of Business  
2655 N. OCEAN DRIVE, SUITE 300  
SINGER ISLAND, FL 33404

Mailing Address  
2655 N. OCEAN DRIVE, SUITE 300  
SINGER ISLAND, FL 33404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062005 Chg-LP CR2E003 (10/03)

4. FEI Number  
65-1102356

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MAURER, JANI E ESQ  
500 NORTHEAST SPANISH RIVER BLVD., STE 27  
BOCA RATON, FL 33404

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record. \$6,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 5,551,815

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 # P01000039413  
NAME AH & IH MANAGEMENT, INC.  
STREET ADDRESS 2655 N. OCEAN DR., STE. 300  
CITY-STATE-ZIP SINGER ISLAND, FL 33404

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CITY-STATE-ZIP

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CITY-STATE-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

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CITY-STATE-ZIP

100049451421

03/30/05--01004--020 \*\*526.25

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: Anthony J Houghton Anthony J Houghton

3/21/05

561-845-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE