FILED

03 JUN -5 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000020539570
06/05/03--01001--026 **526.25

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000596

1. Entity Name
AH & IH ENTERPRISES, LTD.

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

DUE BY MAY 1, 2003

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 Anthony J Houghton 5/28/03
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. 5,550,000

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

STAPLE CHECK HERE

CR2E003 (10/02)

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 5/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #