

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -3 PM 2: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A02000000409</b> 1. Entity Name <b>THH PARTNERS, LLLP</b>					
Principal Place of Business <b>2300 GLADES ROAD SUITE 100E BOCA RATON, FL 33431</b>			Mailing Address <b>2300 GLADES ROAD SUITE 100E BOCA RATON, FL 33431</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>01-0644707</b> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THH EQUITY CORP. 2300 GLADES ROAD SUITE 100E BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent Name <b>THH Equity, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>2300 Glades Road</b> <b>Suite 100E</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33431</b>	
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 <small>Signature, typed or printed name of registered agent and fee if applicable.</small>				DATE <b>4/25/05</b>	
9. Capital Contributions as Shown on record. <b>\$7,500.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	<b>L02000029287</b>		STREET ADDRESS		
NAME	<b>THH EQUITY, LLC</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>2300 GLADES ROAD SUITE 100E</b>				
CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>				
DOCUMENT #			STREET ADDRESS	<b>000055380120</b>	
NAME			CITY-ST-ZIP	<b>05/26/05--01069--004 **141.25</b>	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			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:			William R. Greenfield <b>2/28/05</b> <b>561-392-6662</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

\*STAPLE CHECK HERE