

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 11 PM 1:30

DOCUMENT # A02000001312

1. Entity Name
 S CUBED HOLDINGS, LLLP



Principal Place of Business

2875 NE 191ST STREET
 SUITE 400
 AVENTURA, FL 33180

Mailing Address

2875 NE 191ST STREET
 SUITE 400
 AVENTURA, FL 33180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292004

Chg-LP

CR2E003 (10/03)

4. FEI Number

APPLIED FOR 51-0428308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MONDRE, RICHARD D
 1200 SOUTH PINE ISLAND ROAD, SUITE #200
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name Papadakis, Joan

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

2875 N.E. 191st Street

Suite 400

City

Aventura

FL

Zip Code

33180

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

Joan Papadakis

JOAN PAPADAKIS

2/26/04

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

DATE

9. Capital Contributions
 as Shown on record.

\$7,920,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

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 # P01000105152
 NAME S CUBED HOLDINGS GP, INC.
 STREET ADDRESS 1200 SOUTH PINE ISLAND ROAD, SUITE #200
 CITY-ST-ZIP PLANTATION, FL 33324

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 2875 N.E. 191st Street, Suite 400

CITY-ST-ZIP Aventura FL 33180

STREET ADDRESS

CITY-ST-ZIP

600031352786
 03/29/04--01085--005 **526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Joan Papadakis

JOAN PAPADAKIS 2/26/04

Date

Daytime Phone #

305
 370-7112

STAPLE CHECK HERE