

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**

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.

01042005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
51-0428308

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAPADAKIS, JOAN D  
2875 N.E. 191ST STREET  
STE 400  
AVENTURA, FL 33180

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. \$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

13. ADDRESS CHANGES ONLY

DOCUMENT # P01000105152  
NAME S CUBED HOLDINGS GP, INC.  
STREET ADDRESS 2875 N.E. 191ST STREET, STE 400  
CITY-ST-ZIP AVENTURA, FL 33180

STREET ADDRESS

CITY-ST-ZIP

UN00000229983  
02/15/05-80023-020 526.25

DOCUMENT #  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Stacy Studnik

2/1/05

Date

(305) 370-7100

Daytime Phone #

STAPLE CHECK HERE