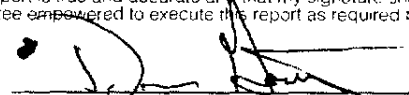


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT #A15375 1. Entity Name LH ASSOCIATES, LTD.					
Principal Place of Business C/O DAVID GOTTLIEB 26 LARCH HILL RD. LAWRENCE, NY 11559			Mailing Address C/O DAVID GOTTLIEB 26 LARCH HILL RD. LAWRENCE, NY 11559		
2. Principal Place of Business Suite, Apt. # etc City & State Zip Country		3. Mailing Address Suite, Apt. # etc City & State Zip Country			
4. FEI Number 11-2726527				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOTTLIEB, DAVID 17605 D ASHBORE LN. BOCA RATON, FL 33143			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 _____ DATE _____ Signature typed or printed name of registered agent and title if applicable					
9. Capital Contributions as Shown on record \$3,270,342.00			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 #	NAME		STREET ADDRESS		
NAME	GOTTLIEB, DAVID		CITY - ST - ZIP		
STREET ADDRESS	26 LARCH HILL ROAD		CITY - ST - ZIP		
CITY - ST - ZIP	LAWRENCE, NY 11559		CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			CITY - ST - ZIP		
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NAME			CITY - ST - ZIP		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP			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:  **DAVID GOTTLIEB** 4/26/04 *1-800-248-2566