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	Mailing Address
C/O DAVID GOTTLIEB 26 LARCH HILL RD. LAWRENCE, NY 11559	C/O DAVID GOTTLIEB 26 LARCH HILL RD. LAWRENCE, NY 11559

2. Principal Place of Business	3. Mailing Address
Suite, Apt # etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

04232004 Chg-LP CR2E003 (10/03)

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	7. Name and Address of New Registered Agent
GOTTLIEB, DAVID 17605 D ASHBORE LN. BOCA RATON, FL 33143	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 $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 CITY-ST-ZIP	 GOTTLIEB, DAVID 26 LARCH HILL ROAD LAWRENCE, NY 11559	STREET ADDRESS CITY-ST-ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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 *1-800-248-2166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Phone