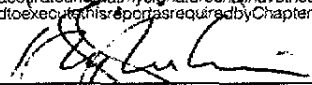


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT# A25184			
1. Entity Name SVMP, LTD.			
Principal Place of Business C/O SVMP, INC. 175 N.E. SPANISH TRAIL BOCA RATON, FL 33432		Mailing Address C/O SVMP, INC. 175 N.E. SPANISH TRAIL BOCA RATON, FL 33432	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0007083		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAGID, JUDY 2300 CORPORATE BLVD., N.W. #238 BOCA RATON, FL 33431		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, type or print name of registered agent and date if applicable			
9. Capital Contributions as Shown on record. \$1,333,333.00		10. Amount of Capital Contributions in FL OR DA to date.	
AGENERALPARTNERTHATISABUSINESSENTITYMUSTBEREGISTEREDANDACTIVEWITHTHISOFFICE. 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 CHANGE ONLY	
DOCUMENT# NAME STREET ADDRESS CITY - ST - ZIP	M58408 SVMP, INC. 175 NE SPANISH TRAIL BOCA RATON, FL	STREET ADDRESS CITY - ST - ZIP	000000131263 04/27/04-80004-005 526.25
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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)(f), 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 there is no other trustee empowered to execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE: 		Apr 11, 2004 (561) 395-2228	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Bill Shubin		Date Daytime Phone #	

STAPLE CHECK HERE