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	Mailing Address
C/O SVMP, INC. 175 N.E. SPANISH TRAIL BOCA RATON, FL 33432	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

03172004 Chg-LP CR2E003(10/03)

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

9. Capital Contributions as Shown on record. $1,333,333.00

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	M58408 SVMP, INC. 175 NE SPANISH TRAIL BOCA RATON, FL	STREET ADDRESS CITY-ST-ZIP	 U00000131263 04/27/04-80004-005 526.25
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STAPLE CHECK HERE

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] April 1, 2004 (561) 395-2228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone#
Bill Shubin