

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 FEB 26 AM 8:34

DOCUMENT # A26114 1. Entity Name SS-HW GROUP A, LTD.					
Principal Place of Business 701 W. FLETCHER AVENUE SUITE A TAMPA, FL 33612			Mailing Address 701 W. FLETCHER AVENUE SUITE A TAMPA, FL 33612		
2. Principal Place of Business P.O. Box 896		3. Mailing Address P.O. Box 896			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lutz, FL		City & State Lutz, FL		4. FEI Number 59-2903351	
Zip 33548		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHOFIELD, RICHARD D. 701 W. FLETCHER AVENUE SUITE A TAMPA, FL 33612			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 936 Guisando de Avila City TAMPA FL Zip Code 33613		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$380,695.00			10. Amount of Capital Contributions in FLORIDA to date. 380,695.00		
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	936 Guisando de Avila	
STREET ADDRESS	701 W. FLETCHER AVE., #A		CITY-ST-ZIP	TAMPA, FL 33613	
CITY-ST-ZIP	TAMPA, FL		STREET ADDRESS		
DOCUMENT #	NAME		CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS	700030320527	
CITY-ST-ZIP			CITY-ST-ZIP	03/11/04--01064--008 **526.25	
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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:			Richard D. Schofield 2/24/04 813-963-3500		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

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