


2604 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A31023		
1. Entity Name HFE, LTD.		
Principal Place of Business 1475 W. CYPRESS CREEK RD. SUITE 204 FT LAUDERDALE, FL 33309		Mailing Address 1475 W. CYPRESS CREEK RD. SUITE 204 FT LAUDERDALE, FL 33309
2. Principal Place of Business 1000 N.W. 65TH. ST.	3. Mailing Address 1000 N.W. 65TH. ST.	
Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc. SUITE 200	
City & State FT. LAUDERDALE, FL. 33309	City & State FT. LAUDERDALE, FL. 33309	
Zip	Country	Zip

FILED

2004 APR 26 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04052004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent THIRER, MARTIN 1475 W. CYPRESS CREEK RD. SUITE 204 FT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1000 N.W. 65TH. ST. SUITE 200 FT. LAUDERDALE, FL. 33309 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____	
9. Capital Contributions as Shown on record. \$2,500.00	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 #	K61558	STREET ADDRESS	1000 N.W. 65TH. ST. SUITE 200
NAME	SMG MANAGEMENT COMPANY	CITY - ST - ZIP	FT. LAUDERDALE, FL. 33309
STREET ADDRESS	1475 W. CYPRESS CREEK RD. SUITE 204		
CITY - ST - ZIP	FT. LAUDERDALE, FL		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STEPHEN M. GOLDING

4-22-04

Date

Daytime Phone #

954 772-7878

STAPLE CHECK HERE