

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31346**

1. Entity Name  
**S-H PROPERTY HOLDINGS, LTD.**



**FILED**

03 MAY 16 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**450 E. LAS OLAS BLVD., 15TH FLOOR  
FT. LAUDERDALE FL 33301**

Mailing Address  
**450 E. LAS OLAS BLVD., 15TH FLOOR  
FT. LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **65-0295319**

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

**ROCHON, RICHARD C  
450 E. LAS OLAS BLVD., 15TH FLOOR  
FT. LAUDERDALE FL 33301**

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.

**\$10,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**10,000.00**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **S33236**  
NAME **S-H PROP. MANAGEMENT, INC**  
STREET ADDRESS **450 EAST LAS OLAS BLVD., #1500**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

STREET ADDRESS  
CITY-ST-ZIP  
**300019188638**  
**05/16/03--01074--011 \*\*158.75**

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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)(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 REQUIRED**  
**CRIS V. BRANDEN VILL President**  
**S-H PROPERTY MANAGEMENT INC**

**4-28-03**

**954-627-5000**

Date

Daytime Phone #

CR2E003 (10/02)

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STAPLE CHECK HERE