


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A31497</b>		
1. Entity Name SHW, LTD.		

Principal Place of Business 746 US #1 TEQUESTA, FL 33469	Mailing Address 505 S. FLAGLER DR STE. 900 C/O SCOTT DRAKER, CPA WEST PALM BEACH, FL 33401-1101
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02262004 Chg-LP CR2E003 (10/03)

4. FEI Number 58-1950511	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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DRUKER, SCOTT C/O CALER DONTEN LEVINE DRUKER 505 S. FLAGLER DRIVE #900 WEST PALM BEACH, FL 33401	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 _____
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9. Capital Contributions as Shown on record. \$2,393,264.23	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	S48113	STREET ADDRESS	
NAME	TEQUESTA LAND DEVELOPMENT, INC. ✓	CITY - ST - ZIP	
STREET ADDRESS	505 S. FLAGLER DRIVE STE. 900		
CITY - ST - ZIP	WEST PALM BEACH, FL 334011101		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
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STREET ADDRESS			
CITY - ST - ZIP			

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 03/17/04-80008-019 526.25

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)(b), 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 	Date 3/2/04	Daytime Phone 561 835 4996
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER