

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31497

1. Entity Name
SHW, LTD.



FILED

03 APR 15 PM 2:59

Principal Place of Business
746 US #1
TEQUESTA FL 33469

Mailing Address
275 MADISON AVENUE, SUITE 1511
C/O J.J. SLADE
NEW YORK NY 10016-1101

2. Office Address

C/O Scott Drucker CPA

505 S. Flagler Dr.

Suite, Apt. #, etc.

Ste #900

City & State

West Palm Beach, FL

Country

Zip 33401

Country USA

DUE BY MAY 1, 2003

4. FEI Number 58-1950511

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

SIM, MICHAEL P., ESQ.
% HILLIER & WANLESS, P.A.
4800 N. FEDERAL HWY., SUITE 300B
BOCA RATON FL 33431

Name Scott Drucker
Street Address (P.O. Box Number is Not Acceptable)
C/O Caller Dorton Levine Drucker
505 S. Flagler Drive #900
City West Palm Beach FL Zip Code 33401

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 3/13/03

9. Capital Contributions as Shown on record. \$2,393,264.23

10. Amount of Capital Contributions in FLORIDA to date. \$1,471,092

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 # S48113
NAME TEQUESTA LAND DEVELOPMENT, INC.
STREET ADDRESS 275 MADISON AVENUE, SUITE 1511
CITY-ST-ZIP NEW YORK NY 10016-1101

STREET ADDRESS C/O Caller Dorton Levine
CITY-ST-ZIP 505 S. Flagler Drive, Ste 900
West Palm Beach, FL 33401

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP 600014850226
04/15/03--01072--028 **526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP 600014850226
03/27/03--01036--013 **50.00

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP M THOMAS

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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: X SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/24/03 561
835-4986
Date Daytime Phone #

CR2E003 (10/02)