

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 23 PM 3:00

DOCUMENT # A32988

1. Entity Name  
SPRING HOUSE PARTNERS, LTD.



Principal Place of Business  
P.O. BOX 5010  
BOCA RATON, FL 33431

Mailing Address  
2295 CORPORATE BLVD, NW  
SUITE 222  
BOCA RATON, FL 33431

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

01052005 Chg-LP CR2E003 (10/03)

4. FEI Number  
65-0334472

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

### 6. Name and Address of Current Registered Agent

HERRICK, NORTON  
2295 CORPORATE BLVD., N.W., SUITE 222  
P.O. BOX 5010  
BOCA RATON, FL 33431

### 7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$100.00

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

DOCUMENT # V38416  
NAME SPHS, INC.  
STREET ADDRESS 2295 CORPORATE BLVD NW, STE. 222  
CITY-ST-ZIP BOCA RATON, FL 33431

### 13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

800054031778  
05/06/05--01103--004 \*\*5238.75

FF \$14.25

cus 8.75

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]* 3/22/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE