2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Mar 12, 2007 08:00 A Secretary of State

DOCUMENT # A33529 1. Entity Name SC & HC HOLDINGS, LTD.			Secretary of S				
Principal Place of Business 2209 N. UNIVERSITY DR. PEMBROKE PINES, FL 33024 C/O BRIAN LYNN CPA PA TWO S. UNIVERSITY DR., #21 PLANTATION, FL 33324		5	- 	NJA NOTE TUKA NAMETAN I	11571 5 1871 81811 81 3 1	BARA BITATA BA ATB	
	OO NOT WRITE		01092007 No Chg-LP CR2E003 (12/06)				
			CE, S	4. FEI Number 65-03619		_ \$8.7	Applied For Not Applicable 5 Additional
<u> </u>	6. Name and Address of Current R		¥ / ·	5. Certificate of	Status Desired		equired
PLANTAT	JNIVERSITY DRIVE #215 TION, FL 33324		INT	NOT WI HIS SP	ACE		
8. The above the obligation of the obligation of the statement of the stat	e named entity submits this statement for ations of registered agent,	the purpose of changing its register	ed office or registere	ed agent, or both,	in the State of Flori	da. I am familia	r with, and accept
Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00					11000006 03/22/07-	date 564478 BD046-017	2 500.00
	A GENERAL PARTNER TH NOTE: General Partners MAY	AT IS A BUSINESS ENTITY M NOT be changed on the form	UST BE REGIST ; an amendment	ERED AND AC	TIVE WITH THIS to change a gen	OFFICE.	
12.	GENERAL PARTNER I			E APPENDING			1243575
NAME STREET ADDRESS CITY-ST-ZIP	COHN, HANS E.R. 2209 N. UNIVERSITY DRIVE PEMBROKE PINES, FL						
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		10 mg					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				DO N	OT WR	ITE	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				IN TH	IS SPA	CE	

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

STAPLE CHECK HERE

DOCUMENT #

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MANUS COHW

3/6/07 954966-5700