2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

	Due By May 1, 2004						FILED			
	DOCUN 1. Entity Name MH, LTD.			;2004 APR 22 PM 3: 50 SECRETARY OF STATE TALLAHASSEE, FLORIDA						
-	Principal Place of Business 300 INTERNATIONAL PKWY., STE. 184 HEATHROW, FL 32746 Mailing Address 300 INTERNATIONAL PKWY., STE. 184 HEATHROW, FL 32746				<u>ve 1</u>	THE ETH THE CO			÷	
	2. Principal Place of Business 951 Market Promenade Ave. 951 Mar			ket Promenade Ave.						
	Suite, Apt. Suite 21 City & State	05	Suite, Apt. #, etc. Suite 2105 City & State		04122004 4. FEI Number	Chg-LP	CR2E003	3 (10/03) Applied For		
-	Lake Mary, FL Zip Country		Lake Mary,FL	Country		59-3152	443		Not Applicable 8.75 Additional	
-	32746	6. Name and Address of Current		USA -			f Status Desired Address of New F	Fe	e Required	
	LUBINSKY, TERRY M 300 INTERNATIONAL PKWY., STE. 184 HEATHROW, FL 32746			Street Address (P.O. Box Number is Not Acceptable) 951 Market Promenade Ave. Suite 2105 City Lake Mary FL Zip Code 32746						
-	8. The above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent. SIGNATURE 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.						i, in the State of Flo	orida. Fam far DATE		
-	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIST NOTE: General Partners MAY NOT be changed on the form; an amendmen									
Ì	12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY						
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	LUBINSKY, TERRY M 300 INTERNATIONAL PKWY., S HEATHROW, FL 32746	TE. 184	STREET ADDRESS	951	Market Programme Mary, F.	romenade	Ave S	Suite 2105	
	DOCUMENT # NAME STREET ADDRESS	• • • • · · · · · · · · · · · · · · ·	TE. 184	STREET ADDRESS	951 Market Promenade Ave Sui				Suite 2105	
STAPLE CHECK HERE	DOCUMENT #	HEATHROW, FL 32746		STREET ADDRESS		ividiy, 1	L JZ/40			
	STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		80	0 0035 70401034	 7978	88	
	DOCUMENT # NAME			STREET ADDRESS		05/10	/0401034	1 012	**141.25	
	STREET ADDRESS CITY-ST-ZIP DOCUMENT #			CITY-ST-ZIP						
	NAME STREET ADDRESS		* · · · · · · · · · · · · · · · · · · ·	STREET ADDRESS CITY-ST-ZIP		* ·	,			
	DOCUMENT #			STREET ADDRESS	5					
	NAME STREET ADDRESS CITY-ST-ZIP	-		CITY-ST-ZIP	-	· •		**		
	14. I hereby of indicated the receiver	certify that the information supplied wit on this report is true and accurate and ver or trustee empowered to execute	n this filing does not qualify for t that my signature shall have th is report as required by Chapte	he exemption s le same legal ef r 620, Florida S	tated in Se fect as if r tatutes	ection 119.07(3)(i made under oath;), Florida Statutes. that I am a Gener	I further certifial Partner of the	y that the information ne limited partnership o	