2005 LIMITED PARTNERSHIP ANNUAL REPORT

SIGNATURE:

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SECRETARY OF STATE DIVISION OF CORPORATIONS **Due By May 1, 2005** DOCUMENT # A96000001395 05 FEB 21 AM 11: 22 L.H.F. LIMITED PARTNERSHIP Principal Place of Business Mailing Address 4101 RAVENSWOOD ROAD, SUITE 130 4101 RAVENSWOOD ROAD **DANIA, FL 33312** STE 130 **DANIA, FL 33312** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082005 Chq-LP CR2E003 (10/03) City & State City & State Applied For 4. FEI Number 65-0712581 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAFOFSKY, HARVEY Street Address (P.O. Box Number is Not Acceptable) 4101 RAVENSWOOD ROAD **STE 130 DANIA, FL 33312** City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,660,000.00 as Shown on record. 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 ADDRESS CHANGES ONLY DOCUMENT # P96000061872 STREET ADDRESS RAVENSWOOD RD NAME L.H.F., INC. 3225 AVIATION AVE., #700 STREET ADDRESS CITY-ST-ZIP 33312 CITY-ST-ZIP COCONUT GROVE, FL 33133 DANIA FL DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 400047480144 03/01/05--01013--023 **\$35.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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 ampowered to execute this report as required by Chapter 620, Florida Statutes

RAL PARTNER

16/05