

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A96000002072**

1. Entity Name  
**FIVE PLUS HOLDINGS, LTD.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR 10 PM 1:32

Principal Place of Business  
**5630 N. BAY RD.  
 MIAMI BEACH, FL 33140**

Mailing Address  
**P.O. BOX 402949  
 MIAMI BEACH, FL 33140**



01152004 Chg-LP CR2E003 (10/03)

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

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

City & State  
 Zip Country

4. FEI Number  
**65-0803708**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HANNAN, DAVID F  
 7301 NW 4TH STREET, SUITE 102  
 PLANTATION, FL 33317**

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. **\$1,000.00**

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**

**13. ADDRESS CHANGES ONLY**

DOCUMENT # **P98000008537**  
 NAME **BUSINESS VENTURES INTERNATIONAL, INC.**  
 STREET ADDRESS **7301 NW 4TH STREET, SUITE 102**  
 CITY-ST-ZIP **PLANTATION, FL 33317**

STREET ADDRESS **700027375297**  
 CITY-ST-ZIP **03/29/04--01112--003 \*\*88.75**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS **700027375297**  
 CITY-ST-ZIP **01/22/04--01008--001 \*\*52.50**

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 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/14/04 305-868-1974**  
 Date Daytime Phone #

STAPLE CHECK HERE