

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**DOCUMENT # A97000002801**

1. Entity Name

**S & H VENTURES, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR -1 AM 9:26

Principal Place of Business

**710 S. MILITARY TRIAL, BLVD. #3  
DEERFIELD BEACH FL 33442**

Mailing Address

**710 S. MILITARY TRIAL, BLVD. #3  
DEERFIELD BEACH FL 33442**

2. Principal Place of Business

**2860 CENTER PORT CIR**

Suite, Apt. #, etc.

3. Mailing Address

**2860 CENTER PORT CIR**

Suite, Apt. #, etc.



MOORE

CR2E003 (11/03)

City & State

**POMPANO BEACH, FL**

City & State

**POMPANO BEACH, FL**

4. FEI Number

**65-0802750**

Applied For

Not Applicable

Zip

**33064**

Country

**BROWARD**

Zip

**33064**

Country

**BROWARD**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORMAN, ROBERT S ESQUIRE  
2101 WEST COMMERCIAL BOULEVARD  
SUITE 4100  
FORT LAUDERDALE FL 33309**

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

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

DATE

9. Capital Contributions  
as Shown on record.

**\$1,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **P97000104643**  
NAME **S & H VENTURES, INC.**  
STREET ADDRESS **710 S. MILITARY TRIAL, BLVD. #3**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

STREET ADDRESS

**2860 CENTER PORT CIRCLE**

CITY-ST-ZIP

**POMPANO BEACH, FL 33064**

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**300030238813**

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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 empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/24/04**

Date

**954-977-8177**

Daytime Phone #

STAPLE CHECK HERE