


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A99000002274		
1. Entity Name SAH HOLDINGS, LTD.		


Principal Place of Business 400 5TH AVENUE SOUTH, SUITE 205 SUITE 205 NAPLES, FL 34102	Mailing Address 400 5TH AVENUE SOUTH, SUITE 205 SUITE 205 NAPLES, FL 34102
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
CLINTON, J.D. 400 5TH AVENUE SOUTH, SUITE 205 NAPLES, FL 34102	

	
04122005 Chg-LP	CR2E003 (10/03)
4. FEI Number 62-1539757	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 file if applicable

9. Capital Contributions as Shown on record. <b>\$3,704,100.00</b>	10. Amount of Capital Contributions in FLORIDA to date <b>179,048.92</b>
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**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 #	F99000008766	STREET ADDRESS	
NAME	GATEHOUSE EQUITY MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	111 SOUTH WASHINGTON STREET		
CITY-ST-ZIP	BROWNSVILLE, TN 38012		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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)(f), 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: 	Date <b>4/16/05</b>	Daytime Phone # <b>731-772-6097</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

STAPLE CHECK HERE