

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # B03000000185

1. Entity Name
SLBH, LP



FILED

2004 SEP -8 P 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
525 MILDRED AVENUE
PRIMOS, PA 19801

Mailing Address
525 MILDRED AVENUE
PRIMOS, PA 19801

2. Principal Place of Business

630 FAIRVIEW ROAD
SUITE 205

3. Mailing Address

630 FAIRVIEW ROAD
SUITE 205

07122004

Chg-LP

CR2E003 (10/03)

City & State

SWARTHMORE, PA
19081

City & State

SWARTHMORE, PA
19081

4. FEI Number

11-3690593

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORP DIRECT AGENTS, INC.
103 NORTH MERIDIAN STREET
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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.

\$100,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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

DOCUMENT # M03000001723
NAME SLBH, LLC
STREET ADDRESS 525 MILDRED AVENUE
CITY-ST-ZIP PRIMOS, PA 19801

13. ADDRESS CHANGES ONLY

STREET ADDRESS

630 FAIRVIEW ROAD, SUITE 205

CITY-ST-ZIP

SWARTHMORE, PA 19081

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

7/12/04

STAPLE CHECK HERE