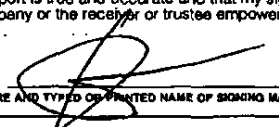


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

03-15-2004 90432 040 ****50.00

DOCUMENT # L03000041756																													
1. Entity Name S & H, LLC				Principal Place of Business 13047 PARK BOULEVARD SEMINOLE, FL 33776																									
2. Principal Place of Business Suite, Apt. #, etc.				Mailing Address 13047 PARK BOULEVARD SEMINOLE, FL 33776																									
3. Mailing Address Suite, Apt. #, etc.				City & State																									
4. City & State				City & State																									
5. Zip				Country																									
6. Name and Address of Current Registered Agent HOFSTRA, PETER T 8640 SEMINOLE BOULEVARD SEMINOLE, FL 33772				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																									
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.				9. Signature Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)																									
10. Filing Fee is \$50.00 Due by May 1, 2004				11. Make check payable to: Florida Department of State																									
12. MANAGING MEMBERS/MANAGERS				13. ADDITIONS/CHANGES																									
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																													
SIGNATURE: 				3/9/04 727 3985665																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #																									