


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001632		
1. Entity Name HIGH YIELD PRIONS LIMITED		

Principal Place of Business 1835 W. FLAGLER ST., STE. #201 MIAMI, FL 33135	Mailing Address 1835 W. FLAGLER ST., STE. #201 MIAMI, FL 33135
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04042005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1047400	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ESTEVEZ, OSCAR J 1835 W. FLAGLER ST., STE. #201 MIAMI, FL 33135		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 _____
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9. Capital Contributions as Shown on record. \$1,600.00	10. Amount of Capital Contributions in FLORIDA to date. 1,600.00
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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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	SCOTFORD, LUCRECIA T		
	1835 W. FLAGLER ST., STE. #201		
	MIAMI, FL 33135		
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04/18/05-80144-014 141.25

STAPLE CHECK HERE

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: 	4-5-05 917 622 0334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #