

# 2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 8, 2004

FILED

04 JUL 21 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH



07072004 Chg-LP CR2E003 (10/03) 7/21

4. FEI Number 55-0832673 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # A03000000748

1. Entity Name  
JR/ML YOUNG FAMILY, LTD.



Principal Place of Business  
408-A HOWARD AVNUE  
LAKELAND, FL 33815

Mailing Address  
408-A HOWARD AVNUE  
LAKELAND, FL 33815

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

6. Name and Address of Current Registered Agent

RIEF, FRANK J III  
442 WEST KENNEDY BLVD., SUITE 340  
TAMPA, FL 33606

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 title if applicable

9. Capital Contributions as Shown on record. \$11,540,000.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L03000017571	STREET ADDRESS	
NAME	JRY/MLY, LLC	CITY-ST-ZIP	
STREET ADDRESS	408-A HOWARD AVNUE		
CITY-ST-ZIP	LAKELAND, FL 33815		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	800039949538
STREET ADDRESS			08/06/04--01040--024 **526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: John P. Young  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_