


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

|                                                                                  |                                                                                   |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # A06000000976</b><br>1. Entity Name<br><b>NYCHYK VENTURES, LLLP</b> |  |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                       |                                                                           |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business<br><b>2606 CORTEZ BLVD.</b><br><b>FT. MYERS, FL 33901</b> | Mailing Address<br><b>2606 CORTEZ BLVD.</b><br><b>FT. MYERS, FL 33901</b> |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|

|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

04162007 Chg-LP CR2E003 (12/06)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>20-5335136</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                       |  |
|-----------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                                                                       |  |
| <b>FOWLER WHITE BOGGS BANKER P.A.</b><br><b>5811 PELICAN BAY BLVD.</b><br><b>SUITE 600</b><br><b>NAPLES, FL 34108</b> |  |

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| <b>FL</b>                                          | 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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 #                      | L06000077513                | STREET ADDRESS           | <b>000103636380</b>                |
| NAME                            | NYCHYK VENTURES, LLC        | CITY-ST-ZIP              | <b>06/01/07 01005 013 **500.00</b> |
| STREET ADDRESS                  | 5811 PELICAN BAY BLVD. #600 |                          |                                    |
| CITY-ST-ZIP                     | NAPLES, FL 34108            |                          |                                    |
| 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                     |                             |                          |                                    |
| DOCUMENT #                      |                             | STREET ADDRESS           |                                    |
| NAME                            |                             | CITY-ST-ZIP              |                                    |
| STREET ADDRESS                  |                             |                          |                                    |
| CITY-ST-ZIP                     |                             |                          |                                    |

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **4/24/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED  
 07 MAY 24 AM 9:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



STAPLE CHECK HERE