

# 2008 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2008

DOCUMENT # A06000000976

1. Entity Name  
NYCHYK VENTURES, LLLP



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 23 AM 11:04

Principal Place of Business  
2606 CORTEZ BLVD.  
FT. MYERS, FL 33901

Mailing Address  
2606 CORTEZ BLVD.  
FT. MYERS, FL 33901

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

03242008 Chg-LP CR2E003 (12/06)

4. FEI Number

20-5335136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FOWLER WHITE BOGGS BANKER P.A.  
5811 PELICAN BAY BLVD.  
SUITE 600  
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name  
PORTER WRIGHT MORRIS & ARTHUR, LLP  
Street Address (P.O. Box Number is Not Acceptable)  
5801 PELICAN BAY BOULEVARD, SUITE 300

City  
NAPLES

FL

Zip Code  
34108

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

*William H. Myers*

William H. Myers

3/24/08

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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

DOCUMENT # L06000077513  
NAME NYCHYK VENTURES, LLC  
STREET ADDRESS 5811 PELICAN BAY BLVD. #600  
CITY-ST-ZIP NAPLES, FL 34108

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 000125114080  
CITY-ST-ZIP 04/22/08--01042--008 \*\*500.00

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Timothy Nychyk

4/15/08

Date

Daytime Phone #

STATE OF FLORIDA