

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A07000000709

Entity Name: JY INSURANCE 2, LLLP

**FILED**  
**Apr 22, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

5453 CENTRAL AVENUE  
ST. PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4192  
ST. PETERSBURG, FL 33710

**New Mailing Address:**

FEI Number: 26-0284610

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KARNIEWICZ, JUDY ESQ.  
1312 W. FLETCHER AVENUE, SUITE B  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

KARNIEWICZ, JUDY ESQ.  
1406 W. FLETCHER AVENUE  
TAMPA, FL 33612 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

04/22/2009

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: YANCHUCK, JOEL

Address: 5453 CENTRAL AVENUE

City-St-Zip: ST. PETERSBURG, FL 33710

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOEL YANCHUCK

GP

04/22/2009

Electronic Signature of Signing General Partner

Date