

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A07000000709

Entity Name: JY INSURANCE 2, LLLP

**FILED**  
**Apr 29, 2011**  
**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.  
1406 W. FLETCHER AVENUE  
TAMPA, FL 33612 US

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

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

\_\_\_\_\_  
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 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

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date