

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A14827

**FILED**  
**Jan 14, 2010**  
**Secretary of State**

**Entity Name:** NICK'S PROPERTIES I LIMITED

**Current Principal Place of Business:**

% DAVID HEALD  
7920 ORIOLE ST.  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

% DAVID HEALD  
7920 ORIOLE ST.  
JACKSONVILLE, FL 32208

**New Mailing Address:**

**FEI Number:** 59-2368430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HEALD, DAVID E  
2070 OAK HAMMOCK DR.  
PONTE VEDRA, FL 32082 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: HEALD, DAVID E.  
Address: 2070 OAK HAMMOCK DR.  
City-St-Zip: PONTE VEDRA BCH, FL

**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: DAVID HEALD

PRES

01/14/2010

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

\_\_\_\_\_  
Date