

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

500.00

**FILED**

08 MAR -5 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02152008 Chg-LP CR2E003 (12/06)

**DOCUMENT # A20051**

1. Entity Name  
**YORK NEB ASSOCIATES, A FLORIDA LIMITED PARTNERSHIP**



Principal Place of Business  
**406 WEST HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33441**

Mailing Address  
**9810 NW 10TH ST.  
PLANTATION, FL 33322**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
**406 West Hillsboro Blvd.**  
Suite, Apt. #, etc.

City & State  
**Deerfield Beach, FL**

Zip  
**33441**

4. FEI Number  
**13-3271405**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MCAVA REAL ESTATE, INC.  
406 WEST HILLSBORO BOULEVARD  
DEERFIELD BEACH, FL 33441**

7. Name and Address of New Registered Agent  
Name  
**CorpDirect Agents, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**515 East Park Avenue**  
City  
**Tallahassee** **FL** Zip Code  
**32301**

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 **Assistant Secretary** DATE **3/4/08**

**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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**SILVERMAN, JONATHAN  
406 W. HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441**

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**HUNTER, JILL S  
159 PRINCE STREET  
W. NEWTON, MA 02165**

STREET ADDRESS  
CITY - ST - ZIP

**200120089402  
03/12/08--01016--007 \*\*2400.00**

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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

**Jonathan Silverman**

Date

Daytime Phone #

2-22-08

STAPLE CHECK HERE