


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

04 MAY -3 PM 6:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A23052</b>					
1. Entity Name YULEE ASSOCIATES, LTD.					
Principal Place of Business 3823 OWENS ROAD YULEE, FL 32097			Mailing Address 3823 OWENS ROAD YULEE, FL 32097		
2. Principal Place of Business 581705 White Oak Road Suite, Apt. #, etc.			3. Mailing Address 581705 White Oak Road Suite, Apt. #, etc.		
City & State Yulee, FL Zip 32097 Country USA			City & State Yulee, FL Zip 32097 Country USA		
4. FEI Number 59-2809109			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SIEGEL, JEROME A 3823 OWENS ROAD YULEE, FL 32097			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 581705 White Oak Road City Yulee FL Zip Code 32097		
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 <u>Jerome A Siegel</u> DATE <u>2/12/04</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$990.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	G17202 CORDCON CAPITAL CORP. 3823 OWENS ROAD YULEE, FL 32097		STREET ADDRESS	581705 White Oak Road	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	Yulee, FL 32097	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	300036544613 05/18/04 01032-004 **141.25	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Jerome A Siegel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <u>2/12/04</u> Daytime Phone # <u>212-410-7535</u>		

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