FILED
Aug 26, 2004 08:00 AM
Secretary of State

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A31018

1. Entity Name
LIMIK, LIMITED PARTNERSHIP L.P.

Principal Place of Business
% DERRICK INTERESTS, INC.
3900 ESSEX LANE, SUITE 550
HOUSTON, TX 77027

Mailing Address
% DERRICK INTERESTS, INC.
3900 ESSEX LANE, SUITE 550
HOUSTON, TX 77027

2. Principal Place of Business — Suite, Apt # etc — City & State — Zip — Country

3. Mailing Address — Suite, Apt # etc — City & State — Zip — Country

07012004 Chg-LP CR2E003 (10/03)

4. FEI Number
76-0310352

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

6. Name and Address of Current Registered Agent

ELEFANT, FRED
1650 PRUDENTIAL DRIVE, SUITE 105
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______ DATE

9. Capital Contributions as Shown on record $0.00

10. Amount of Capital Contributions in FLORIDA to date

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #			
NAME	DERRICK, BRUCE W	STREET ADDRESS	
STREET ADDRESS	3900 ESSEX LANE, SUITE 550		
CITY-ST-ZIP	HOUSTON, TX 77027	CITY-ST-ZIP	
DOCUMENT #			
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U00000170965
08/26/04-80005-001 141.25

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: [signature] 7-8-04 713-529-4244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

STAPLE CHECK HERE