

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

**DOCUMENT # A31944**

1. Entity Name  
**PRESNICK PROPERTIES, LTD.**



Principal Place of Business  
**96 WILLARD ST., SUITE 202  
COCOA, FL 32922**

Mailing Address  
**96 WILLARD ST.  
SUITE 202  
COCOA, FL 32922**

FILED

08 JAN 15 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



01042008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3084821**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PRESNICK, DAVID M.  
96 WILLARD ST., SUITE 202  
COCOA, FL 32922**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**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  
**PRESNICK, DAVID M.  
96 WILLARD ST., #202  
COCOA, FL**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESNICK, CAROLE M.  
179 MARTIN LANE  
ORANGE, CT 06477**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**400115857894  
01/23/08--01012--005 \*\*500.00**

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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:**

*David M Presnick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1-5-08**  
Date

**321.639.374**  
Daytime Phone #