


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A95000000122		
1. Entity Name THE STANLEY YOUNG FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 5815 SUNCREST DR MIAMI, FL 33156	Mailing Address 5815 SUNCREST DR MIAMI, FL 33156
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country



03172004 Chg-LP GR2E003 (10/03)

4. FEI Number
65-0552744

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NELSON, BARRY ESQ.
 NELSON & LAFEMINA P.A.
 2775 SUNNY ISLES BLVD., SUITE 118
 NORTH MIAMI BEACH, FL 33160

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

9. Capital Contributions as Shown on record. \$1,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #	P94000092701	STREET ADDRESS	
NAME	STANLEY YOUNG FAMILY HOLDINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	5815 SUNCREST DR.		
CITY-ST-ZIP	MIAMI, FL 33156		
DOCUMENT #		STREET ADDRESS	U00000111203
NAME		CITY-ST-ZIP	04/13/04-20006-022 525.25
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 4/1/04 Daytime Phone #

STAPLE CHECK HERE