

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # A95000000737

1. Entity Name

INSURANCE ADVISORY SERVICES, LTD.



Principal Place of Business

**200 SOLANA ROAD
PONTE VEDRA BEACH FL 32082**

Mailing Address

**P.O. BOX 757
PONTE VEDRA BEACH FL 32004**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt # etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NO-1-U-NO, INC.
615 A1A, SUITE 102
PONTE VEDRA BEACH FL 32082**

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

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

DATE

**9. Capital Contributions
as Shown on record**

\$0.00

**10. Amount of Capital Contributions
in FLORIDA to date**

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 # P97000095506
NAME NO-1-U-NO, INC.
STREET ADDRESS 615 A1, SUITE 102
CITY - ST - ZIP PONTE VEDRA BEACH FL 32082

STREET ADDRESS

CITY - ST - ZIP

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**U000000160747
05/18/04-80001-001 150.00**

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

MMI-07 904-273-5774

Date

Daytime Phone #

STAPLE CHECK HERE