


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000000368					
1. Entity Name STATELY LIMITED PARTNERSHIP					
Principal Place of Business 5075 S. ORANGE BLOSSOM TR ORLANDO, FL 32809			Mailing Address 5075 S. ORANGE BLOSSOM TR ORLANDO, FL 32809		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc			Suite, Apt #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04262004 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3379922				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 TAYLOR, PAULA 2114 HILLCREST ST. ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record \$1,960,000.00			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 #	NAME		STREET ADDRESS		
STREET ADDRESS	URANICK, GERALD W		CITY-ST-ZIP		
CITY-ST-ZIP	2304 CARIBBEAN COURT ORLANDO, FL 32805		STREET ADDRESS		
DOCUMENT #	NAME		CITY-ST-ZIP		
STREET ADDRESS	URANICK, CAROL A		STREET ADDRESS	U00000157453	
CITY-ST-ZIP	2304 CARIBBEAN COURT ORLANDO, FL 32805		CITY-ST-ZIP	05/06/04-80027-004 526.25	
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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: <i>Carol A. Uranick</i>			4-27-04 (407) 240-2818		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

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