

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

DOCUMENT # A96000001150

1. Entity Name
BLY PARTNERS LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB -9 PM 1:51

Principal Place of Business
19955 NE 38 COURT, #3002
AVENTURA FL 33180

Mailing Address
19955 NE 38 COURT, #3002
AVENTURA FL 33180



MOORE CR2E003 (11/03)

2. Principal Place of Business
c/o ALYOUNG
3610 SOLANA ROAD
MIAMI FL 33133
Country USA

3. Mailing Address
c/o ALYOUNG
3610 SOLANA ROAD
MIAMI FL 33133
Country USA

4. FEI Number 65-0188124

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

6. Name and Address of Current Registered Agent
YOUNG, HARVEY L
19955 NE 38 COURT, #3002
AVENTURA FL 33180

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3610 SOLANA ROAD
City MIAMI FL Zip Code 33133

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: Harvey L. Young
DATE: 2/6/04

9. Capital Contributions as Shown on record. \$3,000,000.00

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 #	NAME	STREET ADDRESS	
NAME	YOUNG, HARVEY L		3610 SOLANA ROAD
STREET ADDRESS	19955 NE 38 COURT	CITY-ST-ZIP	MIAMI FL 33133
CITY-ST-ZIP	AVENTURA FL 33180		
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	400029303334
CITY-ST-ZIP			02/24/04--01033--026 **\$35.00
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS		CITY-ST-ZIP	
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DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS		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: Harvey L. Young GP
Date: 2/6/04
Daytime Phone #: (305) 661 1175

STAPLE CHECK HERE