

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB -9 PM 1:51

DOCUMENT # A96000001150  
1. Entity Name  
BLY PARTNERS LTD.



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: 3610 SOLANA ROAD MIAMI FL 33133  
3. Mailing Address: 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

DOCUMENT #	YOUNG, HARVEY L
NAME	19955 NE 38 COURT
STREET ADDRESS	AVENTURA FL 33180
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	3610 SOLANA ROAD
CITY-ST-ZIP	MIAMI FL 33133
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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