FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT # 1a.

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IYUK NYUK NYUK LIMITED PARTNERSHIP				L INCLUMENTALIS PRINCE STATE SEATE SEATE SEATE SEATE ACTUAL FIRST AND LABOR STATE FIRST		
Malling Address 2300 GLADES ROAD, SUITE 302E BOCA RATON FL 33431	Principal Office Address 2300 GLADES ROAD, SUITE 3 BOCA RATON FL 33431	2300 GLADES ROAD, SUITE 302E		3. Date Formed or Registered 06/21/1996 36. Date of Last Report 4. State or Country of Formation	5a. Capital Contributions as Shown on record.	
2. Mailing Address	28. Principal Office Address				5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		FL		
				65-067956	Applied For Not Applicable	
City & State	City & State			7. Certificate of Status Desired \$8.75 Additional		
Zip Country	Zìp	Country		. Make check payable to: Dept. of	Fee Required State (See reverse side for fee Information)	
9. Name and Address of C	current Registered Agent			10. If changed, new Registere	d Agent/Office	
SCIARRETTA, STEVEN A ESQ 2300 GLADES ROAD, SUITE 302E BOCA RATON FL 33431		Name				
		Street Address (P.O. Box Number Is Not Acceptable)				
		Suite, Apt. #, etc.				
		City FL ZIp Code				
I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointme				DATE		
A GENERAL PARTNER TH	IAT IS A CORPORATION	, LIMITED	PARTN	ERSHIP OR OTHE		
N	IAT IS A CORPORATION IUST BE REGISTERED A	ND ACTIV	PARTN E WITH 11b.	ERSHIP OR OTHE I THIS OFFICE. City, State & Zip Code		
11. Name(s) of General Partner(s) SCIARRETTA, STEVEN A	IAT IS A CORPORATION IUST BE REGISTERED A	IND ACTIV peral Partner p Box Numbers) SUI	E WITH 11b. BOCA	1 THIS OFFICE. City, State & Zip Code A RATON FL 33431 20002 -02/12 *****5	11c. Registration/ Document Number	
Note: General partners MAY I 1. Name(s) of General Partner(s) SCIARRETTA, STEVEN A Note: General partners MAY I 12. I dy hereby certify that the information supplied Colorations from any liability of non-compliant	NOT be changed on this fo with this filing is voluntarily furnished and does with Section 119.67(5)(ft) the event that the signature stall have the samplegal effects as it	orm; an ame	BOCA endment exemption stated is deepladed	THIS OFFICE. City, State & Zip Code RATON FL 33431 20002 -02/12 ***** t must be filed to ched in Section 119.07(3)(k). Florida & exempt from public access. I further	PR BUSINESS ENTITY 11c. Registration/ Document Number 11c. Pegistration/ Document Number 11c. Pegis	
Name(s) of General Partner(s) SCIARRETTA, STEVEN A Note: General partners MAY I Log hereby certify that the information supplied Collogations from any liability of non-compliant annual report is true and accurate and that my	NOT be changed on this fo with this filing is voluntarily furnished and does with Section 119.67(5)(ft) the event that the signature stall have the samplegal effects as it	orm; an ame	BOCA endment exemption stated is deepladed	THIS OFFICE. City, State & Zip Code RATON FL 33431 20002 -02/12 **** t must be filled to ch ed in Section 119.07(3)(k), Florida a exempt from public access. I further that I am a General Partner of the	PR BUSINESS ENTITY 11c. Registration/ Document Number	