APPRUYEL

AND FILED

03 JAN -8 PM 12: 20

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9600001174

1. Entity Name
NYUK NYUK NYUK LIMITED PARTNERSHIP

SIGNATURE:



					SECRETARY OF ST TALL AHASSEE, FLO	ALE	
Principal Place of Business 2300 GLADES ROAD. SUITE 302E BOCA RATON FL 33431 BOCA RATON FL 33431 BOCA RATON FL 33431			SUITE 302E 131	•			
2. Principal Place of Business		3. Mailing Address			T I DETOLE TOUGH TOTAL BRIDE DOUGH BOTTLE BO	186 11901 11011 10011 B141 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	DUE BY MAY 1, 2003		
City & State		City & State			4. FEI Number 65-0679566	Applied For	
Zip Country		Zip	Zip Country			Not Applicable 88.75 Additional	
	6. Name and Address of Current	Pagistared Agent	_	-	F	ee Required	
		negistered Agent	,	Name	7. Name and Address of New Registered A	gent	
SCIARRETTA, STEVEN A ESQ				Street Address (DO Double to the American)			
2300 GLADES ROAD, SUITE 302E				Street Address (P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33431						i ==	
				City	FL	Zip Code	
8. The above	e named entity submits this statement for tions of registered agent.	or the purpose of changing	g its registere	ed office or register	red agent, or both, in the State of Florida. I am fa	miliar with, and accept	
trie obliga	tions of registered agent.					,	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	**		DATE		
9. Capital Contributions \$150,000.00 10. Amount of Capital				ontributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE		O FL. DEPT. OF STATE	
as Snown	on record.	in FLORIDA			SEE REVERSE SIDE FOR	FEE INFORMATION	
	NOTE: General Partners MA	NOT be changed o	n the form;	UST BE REGIST ; an amendmen	TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partr	ner.	
12.	12. GENERAL PARTNER INFORMATION				ADDRESS CHANGES ONLY		
DOCUMENT # NAME	L98000001526 NYUK, NYUK, NYUK, LC			ET ADDRESS			
STREET ADDRESS	ACCC CLARES BOAD CLUTT COOM			· -	199999956274 01/08/0301051002 **526.25		
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NAME			STREET	T ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-S	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