



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 12, 2004 08:00 AM
Secretary of State

| | | | | | |
|--|--------------------------------------|--------------------|--|--|--|
| DOCUMENT # A97000000459 1. Entity Name CHICHI OYA, LTD. | | | |  | |
| Principal Place of Business 13615 BRUCE B. DOWNS BLVD., SUITE 112 TAMPA, FL 33613 | | | Mailing Address 13615 BRUCE B. DOWNS BLVD., SUITE 112 TAMPA, FL 33613 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt #, etc. | | Suite, Apt #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| GOLDSTEIN, BERNARD 13615 BRUCE B. DOWNS BLVD., SUITE 112 TAMPA, FL 33613 | | | | 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. \$500,000.00 | | | 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 # | P96000101728 | | STREET ADDRESS | | |
| NAME | BRYTAM, INC. | | CITY - ST - ZIP | | |
| STREET ADDRESS | 13615 BRUCE B. DOWNS BLVD, SUITE 112 | | | | |
| CITY - ST - ZIP | TAMPA, FL 33613 | | | | |
| DOCUMENT # | | | STREET ADDRESS | U00000004803 | |
| NAME | | | CITY - ST - ZIP | 03/24/04-80006-006 526.25 | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY - ST - ZIP | | |
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| NAME | | | CITY - ST - ZIP | | |
| STREET ADDRESS | | | | | |
| 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)(f), 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: X  | | | 3/10/04 813-866-1169 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | DATE DAYTIME PHONE # | | |



03092004 Chg-LP CR2E003 (10/03)

4. FEI Number **59-3445912** Applied For Not Applicable

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

STAPLE CHECK HERE