

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A98000001945

1. Entity Name
YUNICK, LTD.

Principal Place of Business
**957 N. BEACH STREET
 DAYTONA BEACH, FL 32117**

Mailing Address
**957 N. BEACH STREET
 DAYTONA BEACH, FL 32117**

2. Principal Place of Business
2900 N.E. 23rd St.

3. Mailing Address
2900 N.E. 23rd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162004

Chg-LP

CR2E003 (10/03)

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

4. FEI Number
65-0857697

Applied For
 Not Applicable

Zip
33062

Country

Zip
33062

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YUNICK, MARGIE
 957 N. BEACH STREET
 DAYTONA BEACH, FL 32117**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
 as Shown on record. **\$500.00**

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 #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**YUNICK, MARGIE
 957 N. BEACH STREET
 DAYTONA BEACH, FL 32117**

STREET ADDRESS
 CITY-ST-ZIP
**2900 N.E. 23rd St.
 Pompano Beach, FL 33062**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP
**100027890961
 03/03/04--01026--001 **141.25**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP
**100027890961
 01/29/04--01052--001 **52.50**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

2004 FEB 20 PM 3:38

**DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA**



STAPLE CHECK HERE

*1-23-04
 Paid \$52.50*

1-20-04 954 2823463