



141.25

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 FEB -7 AM 9:19

<b>DOCUMENT # A98000001945</b>			
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. Suite, Apt. #, etc.		3. Mailing Address 2900 N.E. 23rd St. Suite, Apt. #, etc.	
City & State Pompano Beach, FL Zip 33062		City & State Pompano Beach, FL Zip 33062	
4. FEI Number 65-0857697		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YUNICK, MARGIE 957 N. BEACH STREET DAYTONA BEACH, FL 32117		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2900 N.E. 23rd St. City Pompano Beach FL Zip Code 33062	
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. \$500.00		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	YUNICK, MARGIE	STREET ADDRESS	2900 N.E. 23rd St.
NAME	957 N. BEACH STREET	CITY-ST-ZIP	Pompano Beach, FL 33062
STREET ADDRESS	DAYTONA BEACH, FL 32117		
CITY-ST-ZIP			
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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: 		Date 1-18-05 954 1-18-05 17823463	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	

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