


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Apr 15, 2004 08:00 AM
Secretary of State

| | | | |
|--|--|---|---------|
| DOCUMENT # A98000002838 | |  | |
| 1. Entity Name UNICORN DEVELOPMENT LIMITED PARTNERSHIP | | | |
| Principal Place of Business 6050 5TH STREET, S.W. VERO BEACH FL 32968 | | Mailing Address 6050 5TH STREET, S.W. VERO BEACH FL 32968 | |
| 2. Principal Place of Business 1 | | 3. Mailing Address | |
| Suite, Apt #, etc | | Suite, Apt #, etc | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 59-3547351 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FENNELL, TODD W 979 BEACHLAND BLVD. VERO BEACH FL 32963 | | 7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | |
| 9. Capital Contributions as Shown on record. \$100,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | |
| 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION | | | |
| 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 | V19482 UNICORN ASSET MANAGEMENT, INC. 6050 5TH STREET, S.W. VERO BEACH FL 32968 | STREET ADDRESS CITY - ST - ZIP | |
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| 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] 4-13-04 772-778-2224 | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | |



MOORE CR2E003 (11/03)

STAPLE CHECK HERE