

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # B03000000311

1. Entity Name
YULEE VENTURE NO. ONE, L.P.



FILED

2004 AUG 16 PM 4:18

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



Principal Place of Business
**16910 DALLAS PKWY., STE. 100
DALLAS, TX 75248**

Mailing Address
**16910 DALLAS PKWY., STE. 100
DALLAS, TX 75248**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1936 San Marco Blvd

07142004 Chg-LP CR2E003 (10/03)

City & State
Jacksonville, FL

4. FEI Number
01-0771524

Zip
32207

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

**CORNERSTONE MANAGEMENT & LEASING, INC.
1936 SAN MARCO BLVD.
JACKSONVILLE, FL 32207**

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

9. Capital Contributions as Shown on record. **\$263,850.00**

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 **BATHMAN, TROY**
STREET ADDRESS **16910 DALLAS PKWY., STE. 100**
CITY-ST-ZIP **DALLAS, TX 75248**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **GISSLER, JAMES**
STREET ADDRESS **16910 DALLAS PKWY., STE. 100**
CITY-ST-ZIP **DALLAS, TX 75248**

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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: **James E. Gessler**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7-14-04 **904-396-3734**
Date Daytime Phone #

STAPLE CHECK HERE