

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:47

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # B95000000238

1. Entity Name
STENICK PARTNERS, LTD.



Principal Place of Business
921 DOUGLAS AVENUE, SUITE 200
ALTAMONTE SPRINGS, FL 32714

Mailing Address
921 DOUGLAS AVENUE, SUITE 200
ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business

1180 Spring Centre S. Blvd
Suite 102

3. Mailing Address

1180 Spring Centre S. Blvd
Suite 102

City & State

Altamonte Springs, FL

City & State

Altamonte Springs

Zip

32714

Country

U.S.A.

Zip

32714

Country

U.S.A.

01032006

Chg-LP

CR2E003 (11/05)

4. FEI Number

23-2812426

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LAFRENIERE, STEPHEN J
921 DOUGLAS AVE.
SUITE 200
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name
LaFreniere, Stephen J.

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

C/O Quest Company

1180 Spring Centre S. Blvd. # 102

City
Altamonte Springs

FL

Zip Code
32714

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

Stephen J. LaFreniere

4/19/06

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

F95000003124
GRENICK CORPORATION
309 ROSE GLEN LANE
KENNETT SQUARE, PA 19348

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500074540235

05/15/06--01005--018 **508.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Stephen J. LaFreniere

4/19/06

(407) 786-4001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE