

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # B95000000238**

1. Entity Name  
**STENICK PARTNERS, LTD.**



Principal Place of Business  
**1180 SPRING CENTRE S. BLVD, SUITE 102  
ALTAMONTE SPRINGS, FL 32714**

Mailing Address  
**1180 SPRING CENTRE S. BLVD, SUITE 102  
ALTAMONTE SPRINGS, FL 32714**



01032008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**23-2812426**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**LAFRENIERE, STEPHEN J  
C/O QUEST COMPANY  
1180 SPRING CENTRE S. BLVD #102  
ALTAMONTE SPRINGS, FL 32714**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

**U00000914189  
05/08/08-80046-012 500.00**

**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 # **F95000003124**  
NAME **GRENNICK CORPORATION**  
STREET ADDRESS **309 ROSE GLEN LANE**  
CITY-ST-ZIP **KENNETT SQUARE, PA 19348**

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IN THIS SPACE**

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*

**Stephen J. LaFreniere**

**4/19/08**

Date

**407-786-9001**

Daytime Phone #

STAPLE CHECK HERE