


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

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

|   |                                |   |         |
|---|--------------------------------|---|---------|
| <b>DOCUMENT # A00000001769</b>  |                                |    |         |
| 1. Entity Name<br><b>SIGNEY LTD.</b>  |                                |   |         |
| Principal Place of Business<br><b>26301 SIENA DR.<br/>BONITA SPRINGS FL 34134</b>   |                                | Mailing Address<br><b>26301 SIENA DR.<br/>BONITA SPRINGS FL 34134</b>   |         |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |                                | 3. Mailing Address<br>Suite, Apt. #, etc.   |         |
| City & State  |                                | City & State  |         |
| Zip   | Country                        | Zip   | Country |
| 4. FEI Number<br><b>59-3673133</b>  |                                | Applied For<br><input type="checkbox"/> Not Applicable  |         |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                | <b>\$8.75</b> Additional Fee Required   |         |
| 6. Name and Address of Current Registered Agent<br><b>SWEENEY, JOHN F<br/>26301 SIENA DR.<br/>BONITA SPRINGS FL 34134</b>   |                                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                                |   |         |
| 9. Capital Contributions as Shown on record. <b>\$1,000.00</b>  |                                | 10. Amount of Capital Contributions in FLORIDA to date.   |         |
| 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION  |                                |   |         |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><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 #  | NAME                           | STREET ADDRESS  |         |
| NAME  | <b>SWEENEY, JOHN F</b>         | CITY - ST - ZIP   |         |
| STREET ADDRESS  | <b>26301 SIENA DR.</b>         |   |         |
| CITY - ST - ZIP   | <b>BONITA SPRINGS FL 34134</b> |   |         |
| DOCUMENT #  | NAME                           | STREET ADDRESS  |         |
| NAME  | <b>DIANE SIGLER SWEENEY</b>    | CITY - ST - ZIP   |         |
| STREET ADDRESS  | <b>26301 SIENA DR.</b>         |   |         |
| CITY - ST - ZIP   | <b>BONITA SPRINGS FL 34134</b> |   |         |
| DOCUMENT #  | NAME                           | STREET ADDRESS  |         |
| NAME  |                                | CITY - ST - ZIP   |         |
| STREET ADDRESS  |                                |   |         |
| CITY - ST - ZIP   |                                |   |         |
| DOCUMENT #  | NAME                           | STREET ADDRESS  |         |
| NAME  |                                | CITY - ST - ZIP   |         |
| STREET ADDRESS  |                                |   |         |
| CITY - ST - ZIP   |                                |   |         |
| DOCUMENT #  | NAME                           | STREET ADDRESS  |         |
| NAME  |                                | CITY - ST - ZIP   |         |
| STREET ADDRESS  |                                |   |         |
| CITY - ST - ZIP   |                                |   |         |



MOORE CR2E003 (11/03)

STAPLE CHECK HERE

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2-18-04 239-495-6944