

LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A01000000235

1. Entity Name
SYCONIUM GROUP, LTD.



Principal Place of Business

**7234 TORY LANE
 NAPLES, FL 34108**

Mailing Address

**7234 TORY LANE
 NAPLES, FL 34108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142004

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-2454422

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**FRANKLIN, RICHARD S ESQ.
 C/O STEEL HECTOR & DAVIS LLP
 3003 TAMiami TRAIL NORTH, SUITE 300
 NAPLES, FL 34103**

7. Name and Address of New Registered Agent

Name **CARL E. WESTMAN**

Street Address (P.O. Box Number is Not Acceptable)
C/O STEEL HECTOR & DAVIS, LLP

3003 TAMiami TRAIL, NORTH, SUITE 300

City **NAPLES**

FL

Zip Code
34103

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.

3-22-04

DATE

9. Capital Contributions
 as Shown on record.

\$20,000,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

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 # **P01000017283**
 NAME **SYCONIUM GROUP, INC.**
 STREET ADDRESS **7234 TORY LANE**
 CITY-ST-ZIP **NAPLES, FL 34108**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

300036552783

05/13/04--01055--012 **535.00

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

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

3/19/04

Date

Daytime Phone #

STAPLE CHECK HERE