


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

**FILED
Apr 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # A01000000600
1. Entity Name
SIGLER LIMITED PARTNERSHIP NUMBER 1



Principal Place of Business Mailing Address
1005 ARIOLA DRIVE 1005 ARIOLA DRIVE
PENSACOLA FL 32561 PENSACOLA FL 32561

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E003 (11/03)

4. FEI Number Applied For
59-3700824 Not Applicable

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

**MARK STEPHEN SIGLER
1005 ARIOLA DRIVE
PENSACOLA FL 32561**

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 \$70,000.00 10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 **MARK STEPHEN SIGLER**
STREET ADDRESS **1005 ARIOLA DRIVE**
CITY - ST - ZIP **PENSACOLA FL 32561**

STREET ADDRESS
CITY - ST - ZIP **000000120501
04/20/04-80012-013 526 25**

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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)(f), 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:  **4/8/4** **850 723 5107**