


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

**FILED
Apr 05, 2007 08:00 AM
Secretary of State**

DOCUMENT # A0100000602 1. Entity Name SIGLER LIMITED PARTNERSHIP NUMBER 3	
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Principal Place of Business 362 GULF BREEZE PKWY SUITE 232 GULF BREEZE FL 32561	Mailing Address 362 GULF BREEZE PKWY SUITE 232 GULF BREEZE FL 32561
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2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
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1st MOORE CR2E003 (10/06)

City & State	City & State	4. FEI Number 59-3700819	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARK STEPHEN SIGLER 1005 ARIOLA DRIVE PENSACOLA BEACH FL 32561
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7. Name and Address of New Registered Agent	
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.

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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	MARK STEPHEN SIGLER 1005 ARIOLA DRIVE PENSACOLA BEACH FL 32561
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	1100000692140
CITY- ST- ZIP	04/13/07-80038-023 500.00
STREET ADDRESS	
CITY- ST- ZIP	
STREET ADDRESS	
CITY- ST- ZIP	
STREET ADDRESS	
CITY- ST- ZIP	

STAPLE CHECK HERE

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____
Date _____ Daytime Phone # _____