


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

**FILED
Apr 08, 2008 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. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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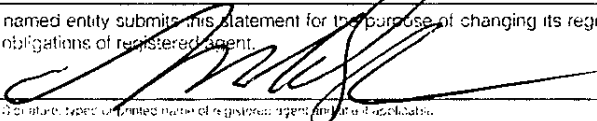
1st MOORE CR2E003 (10/07)

4. FEI Number 59-3700819	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARK STEPHEN SIGLER 1005 ARIOLA DRIVE PENSACOLA BEACH FL 32561	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL	Zip Code
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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 **4/1/8**

Signature typed or printed name of registered agent and fee if applicable. DA-1E

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

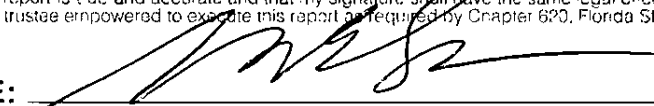
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

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	U00000886724
CITY-ST-ZIP	04/18/08-80069-011 500.00
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 19, 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:  DATE **4/1/8** **850 723 3774**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DA-1E