

2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A02000001309**

1. Entity Name  
CYE, LTD.



Principal Place of Business  
2204 GREEN OAKS LANE  
TAMPA, FL 33612

Mailing Address  
2204 GREEN OAKS LANE  
TAMPA, FL 33612



04302007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2346920

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

TURRELL, PATRICIA C  
2204 GREEN OAKS LANE  
TAMPA, FL 33612

**DO NOT WRITE  
IN THIS SPACE**

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.

000000756306  
05/23/07 80024 011 500.00  
DATE

FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00

**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  
CONNER, ROBBIE SUE  
2204 GREEN OAKS LANE  
TAMPA, FL 33612

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TURRELL, PATRICIA C  
2204 GREEN OAKS LANE  
TAMPA, FL 33612

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GRAVES, SANDRA C  
2204 GREEN OAKS LANE  
TAMPA, FL 33612

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #