


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 17 AM 10:45

DOCUMENT # A03000001020 1. Entity Name SYDASS INVESTMENTS, LTD.					
Principal Place of Business 6326 WHISKEY CREEK DR, STE A FORT MYERS, FL 33919			Mailing Address 6326 WHISKEY CREEK DR, STE A FORT MYERS, FL 33919		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0142248	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KYLE, KEVIN A 1520 ROYAL PALM SQUARE BLVD, STE 320 FORT MYERS, FL 33919				Name <u>KYLE, KEVIN A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1380 ROYAL PALM SQUARE BLVD</u> City <u>FT. MYERS</u> <u>FL</u> Zip Code <u>33919</u>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L03000007389		STREET ADDRESS		
NAME	COLOGNE MUNA, L.L.C.		CITY-ST-ZIP		
STREET ADDRESS	6326 WHISKEY CREEK DR, STE A		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>[Signature]</u> <u>MICHAEL MUELLER</u> Manager COLOGNE MUNA, LLC			02/24/2006 +44-173-2870800 Date Daytime Phone #		

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