



**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

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| LIMITED PARTNERSHIP ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | FILED JUN 19 1999 TALLAHASSEE, FL  |
| 1. Name of Limited Partnership: SYBELIA INVESTMENT, LTD. | | 1a. DOCUMENT # A28781 | |
| Mailing Address P.O. BOX 280 SNEADS FL 32460 | Principal Office Address 7877 MCKEOWN MILL RD SNEADS FL 32460 | 3. Date Formed or Registered 08/22/1989 3a. Date of Last Report 12/16/1997 4. State or Country of Formation FL | 5a. Capital Contributions as Shown on record \$13,371.00 5b. Amount of Capital Contributions in FIDIT as to date: <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 7. Certificate of Status Debited <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make Check payable to Dept. of State (See reverse side for instructions) |
| 2. Mailing Address Suite, Apt #, etc City & State Zip Country | 2a. Principal Office Address Suite, Apt #, etc City & State Zip Country | | |

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| 9. Name and Address of Current Registered Agent OVERSTREET, TROY E 7877 MCKEOWN MILL RD. SNEADS FL 32460 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt #, etc City FL Zip Code |
| 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized (or registered under the laws of the State of Florida) submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. | |

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| SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____ | | | |
| A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. | | | |
| 11. Name(s) of General Partner(s) OVERSTREET, TROY E. OVERSTREET, SARAJAIN | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7877 MCKEOWN MILL RD. 7877 MCKEOWN MILL RD. | 11b. City, State & Zip Code SNEADS FL 32460 SNEADS FL 32460 | 11c. Registration Document Number |

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption state law Section 119.07(3)(g), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Troy Overstreet* DATE *12/18/98*
 Typed or Printed Name of General Partner Signing Form *TROY OVERSTREET* Daytime Telephone Number *850-593-3375*

CR02003 (9/98)