


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A28781</b> 1. Entity Name SYBELIA INVESTMENT, LTD.	
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Principal Place of Business 7877 MCKEOWN MILL RD. SNEADS FL 32460	Mailing Address P.O. BOX 280 SNEADS FL 32460
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent  OVERSTREET, TROY E 7877 MCKEOWN MILL RD. SNEADS FL 32460	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,620.75	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	OVERSTREET, TROY E.	STREET ADDRESS	
NAME	7877 MCKEOWN MILL RD.	CITY-ST-ZIP	
STREET ADDRESS	SNEADS FL 32460		
CITY-ST-ZIP			
DOCUMENT #	OVERSTREET, SARAJAIN	STREET ADDRESS	
NAME	7877 MCKEOWN MILL RD.	CITY-ST-ZIP	
STREET ADDRESS	SNEADS FL 32460		
CITY-ST-ZIP			
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CITY-ST-ZIP			

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04/27/04-80088-010 141.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/14/04 850  
5933375

STAPLE CHECK HERE