

2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DU^E BY MAY 1, 2005

DOCUMENT # A28781

1. Entity Name

SYBELIA INVESTMENT, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAR 23 AM 9:51

Principal Place of Business
 7877 MCKEOWN MILL RD.
 SNEADS FL 32460

Mailing Address
 P.O. BOX 280
 SNEADS FL 32460

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
59-2968134 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

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

FL Zip Code

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

DATE

9. Capital Contributions 10. Amount of Capital Contributions
 as Shown on record. \$2,620.75 in FLORIDA to date.

11. FILE NOW!!! Due by May 1, 2005.
 See Block 11 instructions for fee info.

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 #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

OVERSTREET, TROY E.
 7877 MCKEOWN MILL RD.
 SNEADS FL 32460

STREET ADDRESS

CITY-ST-ZIP

300043452073
 03/30/05 01005-011 *#P41.25

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

OVERSTREET, SARAJAIN
 7877 MCKEOWN MILL RD.
 SNEADS FL 32460

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

3/21/05 8605933375
 Daytime Phone #