


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A28781</b>		
1. Entity Name <b>SYBELIA INVESTMENT, LTD.</b>		

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

6. Name and Address of Current Registered Agent  <b>OVERSTREET, TROY E 7877 MCKEOWN MILL RD. SNEADS FL 32460</b>	
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**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**05 MAR 23 AM 9:51**

*JS*



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>59-2968134</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <b>\$2,620.75</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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	
NAME	<b>OVERSTREET, TROY E.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>7877 MCKEOWN MILL RD.</b>		
CITY-ST-ZIP	<b>SNEADS FL 32460</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>OVERSTREET, SARAJAIN</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>7877 MCKEOWN MILL RD.</b>		
CITY-ST-ZIP	<b>SNEADS FL 32460</b>		
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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]* **3/21/05** **860 593 3375**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE