

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A28781		
1. Entity Name SYBELIA INVESTMENT, LTD.		

FILED

2007 APR 23 AM 11:00



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 - No P.O. Box # Suite, Apt. #, etc. 7877 MCKEOWN MILL ROAD City & State SNEADS, FL Zip 32460	3. Mailing Address Suite, Apt. #, etc. City & State Country Jackson
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1st MOORE CR2E003 (10/06)

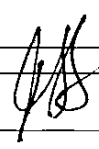
6. Name and Address of Current Registered Agent OVERSTREET, TROY E 7877 MCKEOWN MILL RD. SNEADS FL 32460	
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7. Name and Address of New Registered Agent Name OVERSTREET TROY E Street Address (P.O. Box Number is Not Acceptable) 7877 MCKEOWN MILL ROAD (Address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

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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	400101348524 05/03/07--01013--004 **500.00
NAME	7877 MCKEOWN MILL RD.	CITY-ST-ZIP	
STREET ADDRESS	SNEADS FL 32460		
CITY-ST-ZIP			
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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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/5/07 850-593-
3375

STAPLE CHECK HERE