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

## LIMITED PARTNERSHIP ANNUAL REPORT



empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

				J 98NOV16 F		
1. Name of Limited Partnership	1a. DOCUMENT # A33107					
SYZYGY LIMITED PARTNERS						
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
137 ANCHOR DR.	137 ANCHOR OR	137 ANCHOR DR.		06/22/1992		
VERO BEACH FL 32963	VERO BEACH FL 32963			3a. Date of Last Report	\$500.00	
				12/22/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to date:	
	·			FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State	City & State		65-0336444	Not Applicable	
Zip Country	Zip	Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
-				8. Make check payable to: Dept. of S	State (See reverse side for fee information)	
9. Name and Address of Current R	egistered Agent			10. If changed, new Registered	Agent/Office	
		Name				
SCHAUS, NICHOLAS		Street Add:	ess (P.O. Bo	ox Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	
137 ANCHOR DR. VERO BEACH FL 32963	Suite, Apt.		#, etc.	etc.		
1210 221011 2 02000	City		FL Zip			
10a. Pursuant to the provisions of sections 620,1051 and 6 for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of	istered agent, or both, in the State of Florida	limited partners. Such chang	ership organi ge was autho	ized or registered under the laws of the orized by its general partner(s). I hereby	State of Florida, submits the Statement accept the appointment of registered	
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)	11a. Address of Each General I	Partner Numbers)	11b.	City, State & Zip Code	11c. Registration/ Document Number	
SCHAUS, NICHOLAS	137 ANCHOR DR.		VER	O BEACH FL 32963		
				4000026 -11/13/9 ****14	919445 801089004 1.25 ****141.25	
Note: General partners MAY NOT b	no changed on this form	an ame	and more	ot must be filed to sha	ngo a general partner	

12. I do hereby certify that the Information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I release the Division of

Settaus

IV. CHOLOS

Too heavy certify that the minimator supplied with this links is voluntarily formation and does not quality for the exemption stated in Section 115.07(5)(K), Profice stated in Linkshot of Corporations from any liability of non-compliance with Section 119.07(5)(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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee