2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	A33107
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1. Entity Name SYZYGY LIMITED PARTNERS



FILED SECRETARY OF STATE VISION OF CORPORATIONS

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Principal Pla	ace of Business	Mailing Address 137 ANCHOR DR.	<u> </u>	03 FEB 11 PM 1: 33	
137 ANCHOR DR. VERO BEACH FL 32963				001 12	\
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)
2. Principal	Place of Business	3. Mailing Address			
			•		
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	<u></u>		
<u> </u>				DUE BY MAY 1,	2003
City & Sta	ate	City & State	······································	4. FEI Number 65-0336444	Applied For
Zip				00 0000444	Not Applicable
Ziβ	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
	6. Name and Address of Cu	FREST Registered Agent			Fee Required
actions		- Garagester Agent	Name	7. Name and Address of New Registered	d Agent
	NICHOLAS				
137 ANC			Street Addres	ss (P.O. Box Number is Not Acceptable)	
vero be	ACH FL 32963		 		
			City	F	Zip Code
8. The above	named entity submits this stateme	ent for the purpose of changing i	ts registered office or regis	stered agent, or both, in the State of Florida. I an	n familiar with and a seed
the obliga	tions of registered agent.		g	nords agont, or both, in the state of Florida. Tan	ii iamilar with, and accept
SIGNATURE					
	Signature, typed or printed name of registered			DATE	
9. Capital Co as Shown		10. Amount of Cap	ital Contributions	11. MAKE CHECK PAYABL	E TO FL. DEPT. OF STATE
		in FLORIDA to		SEE REVERSE SIDE FO	OR FEE INFORMATION
	NOTE: General Partners	MAY NOT be changed on	NIII Y MUST BE REGI the form; an amendm	STERED AND ACTIVE WITH THIS OFFIC ent must be filed to change a general pa	CE. Artner
12.	GENERAL PAR	TNER INFORMATION	13.	ADDRESS CHANGES OF	
DOCUMENT #	COLLAND MICHOLAG		STREET ADDRESS		
NAME Street address	SCHAUS, NICHOLAS 137 ANCHOR DR.		STREET MUDIESS		
CITY-ST-ZIP	VERO BEACH FL 32963				
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DOCUMENT #			CITY-ST-ZIP		
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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:

F.u. 6 7003 77223/0090
Date Daytime Phone #