


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 CORPORATIONS

04 APR -5 AM 10:42

DOCUMENT # A93000000274	
1. Entity Name SYLVITE SOUTHEAST, LTD.	

Principal Place of Business 5151 S. LAKELAND DRIVE SUITE 9 LAKELAND, FL 33813	Mailing Address 5151 S. LAKELAND DRIVE SUITE 9 LAKELAND, FL 33813
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03162004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent VARN, WILLIAM LATANE 202 LAKE MIRIAM DR., SUITE E-7 LAKELAND, FL 33813	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Change of Address for W.L. Varn 5151 S. Lakeland Dr. Suite 9 City Lakeland FL Zip Code 33813
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$66,600.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	V10134 R.E. KELLY ASSOCIATES, INC. 202 LAKE MIRIAM DR., SUITE E-7 LAKELAND, FL 33813	STREET ADDRESS CITY-ST-ZIP	5151 S. Lakeland Dr., Ste. 9 Lakeland, FL 33813
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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: Wm. L. Varn 4/1/04 863-647-1551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE