

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR -5 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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		
2. Principal Place of Business - No P.O. Box # 1607 W. Olive Street Suite, Apt. #, etc.		3. Mailing Address 1607 W. Olive Street Suite, Apt. #, etc.			
City & State Lakeland, Florida Zip 33815 Country USA		City & State Lakeland, Florida Zip 33815 Country USA		4. FEI Number 59-3169840 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03262007 Chg-LP CR2E003 (12/06)	
6. Name and Address of Current Registered Agent VARN, WILLIAM LATANE 5151 S. LAKELAND DR. STE. 9 LAKELAND, FL 33813			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00					
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 #	V10134		STREET ADDRESS		
NAME	R.E. KELLY ASSOCIATES, INC.		CITY-ST-ZIP		
STREET ADDRESS	5151 S. LAKELAND DR., STE. 9				
CITY-ST-ZIP	LAKELAND, FL 33813				
DOCUMENT #			STREET ADDRESS		
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CITY-ST-ZIP					

800096509809
04/11/07--01041--016 **\$500.00

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:

Wm J Varn
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/29/07

Date

863-688-7292

Daytime Phone #

STAPLE CHECK HERE