

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 22 PM 3:16

DOCUMENT # A93000000274

1. Entity Name
SYLVITE SOUTHEAST, LTD.



Principal Place of Business
1607 W OLIVE STREET
LAKELAND, FL 33815

Mailing Address
1607 W OLIVE STREET
LAKELAND, FL 33815



02012008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3169840

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~VARN, WILLIAM LATANE~~
~~5151 S. LAKE LAND DR.~~
~~STE. 9~~
~~LAKELAND, FL 33813~~

James C. Brown
1607 W. Olive Street
Lakeland, FL 33815

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable

4/2/08

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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

DOCUMENT # V10134
NAME R.E. KELLY ASSOCIATES, INC.
STREET ADDRESS ~~6161 S. LAKE LAND DR., STE. 9~~ 1607 W. Olive St.
CITY-ST-ZIP LAKELAND, FL 33813 Lakeland, FL 33815

DOCUMENT #
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**DO NOT WRITE
IN THIS SPACE**

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

4/2/08

DATE

863-647-1551

Daytime Phone #

STAPLE CHECK HERE