


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000000490 1. Entity Name SYKES CREEK LIMITED PARTNERSHIP					
Principal Place of Business 317 RIVEREDGE BOULEVARD COCOA, FL 32922			Mailing Address CORPORATE ACCOUNTING 317 RIVEREDGE BOULEVARD COCOA, FL 32922		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-3377303			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			04252005 Chg-LP CR2E003 (10/03)		
6. Name and Address of Current Registered Agent AMARI, RICHARD S 96 WILLARD ST. STE. 302 COCOA, FL 32922				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>					
9. Capital Contributions as Shown on record. \$300,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P95000013655			STREET ADDRESS	
NAME	SYKES CREEK PROPERTIES OF MERRITT ISLAND			CITY - ST - ZIP	
STREET ADDRESS	317 RIVEREDGE BOULEVARD				
CITY - ST - ZIP	COCOA, FL 32922				
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
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STREET ADDRESS					
CITY - ST - ZIP					
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: <u>Donald J. Long</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				4-26-05 <small>Date</small>	
<small>Daytime Phone #</small>					

STAPLE CHECK HERE



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