

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

RECEIVED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 FEB 20 AM 8:51

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3377303	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AMARI, RICHARD S 96 WILLARD ST. STE. 302 COCOA, FL 32922				Name Donald J. Long Street Address (P.O. Box Number is Not Acceptable) 317 Riveredge Blvd. City Cocoa FL Zip Code 32922	
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 <u>Donald J. Long</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 #	P95000013655		STREET ADDRESS		
NAME	SYKES CREEK PROPERTIES OF MERRITT ISLAND		CITY-ST-ZIP		
STREET ADDRESS	317 RIVEREDGE BOULEVARD				
CITY-ST-ZIP	COCOA, FL 32922				
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CITY-ST-ZIP					
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: <u>Donald J. Long</u> DATE _____ DAYTIME PHONE # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE