

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 14 PM 1:47



1. Name of Limited Partnership SIUYA LIMITED PARTNERSHIP		1a. DOCUMENT # A97000001720	
Mailing Address 500 SOUTH ORANGE AVENUE SARASOTA FL 34230		Principal Office Address 500 SOUTH ORANGE AVENUE SARASOTA FL 34230	
2. Mailing Address 1386 Tangier Way		2a. Principal Office Address 1386 Tangier Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34239		Zip 34239	
Country		Country	
3. Date Formed or Registered 08/07/1997		5a. Capital Contributions as Shown on record. \$1,650,000.00	
3a. Date of Last Report 01/23/1998		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 65-0771632	
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent JONES, HAMILTON C 300 SOUTH ORANGE AVENUE SARASOTA FL 34230		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 1386 Tangier Way Suite, Apt. #, etc. City Sarasota Zip Code FL 34239	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) JONES, HAMILTON C TRUSTEE STITH, JR., ROBERT M TRUSTEE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 300 SOUTH ORANGE AVENUE 300 SOUTH ORANGE AVENUE	11b. City, State & Zip Code SARASOTA FL 34230 SARASOTA FL 34230	11c. Registration/Document Number 7000002721137-7 -12/23/98-01071-020 ***526.25 ***526.25
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number