
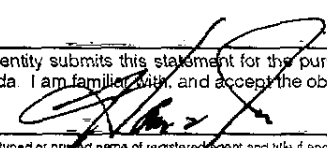
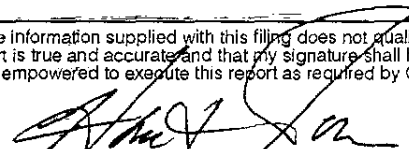


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

**FILED
Feb 15, 2005 08:00 AM
Secretary of State**

DOCUMENT # A97000001720					
1. Entity Name SIUYA LIMITED PARTNERSHIP					
Principal Place of Business 1386 TANGIER WAY SARASOTA FL 34239		Mailing Address 1386 TANGIER WAY SARASOTA FL 34239			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0771632	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JONES, HAMILTON C 1386 TANGIER WAY SARASOTA FL 34239			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.					11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE 		DATE			
9. Capital Contributions as Shown on record. \$1,650,000.00		10. Amount of Capital Contributions in FLORIDA to date. 1,221,710.39			
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 #	NAME		STREET ADDRESS		
	JONES, HAMILTON C TRUSTEE				
STREET ADDRESS	1386 TANGIER WAY		CITY-ST-ZIP		
CITY-ST-ZIP	SARASOTA FL 34239			U00000229852 02/15/05 00023-002 526.25	
DOCUMENT #	NAME		STREET ADDRESS		
	STITH, JR., ROBERT M TRUSTEE				
STREET ADDRESS	300 SOUTH ORANGE AVENUE		CITY-ST-ZIP		
CITY-ST-ZIP	SARASOTA FL 34230				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
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: 		DATE: 2/2/05		Daytime Phone #: 941 366 4490	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					



1ST MOORE CR2E003 (10/04)

STAPLE CHECK HERE