
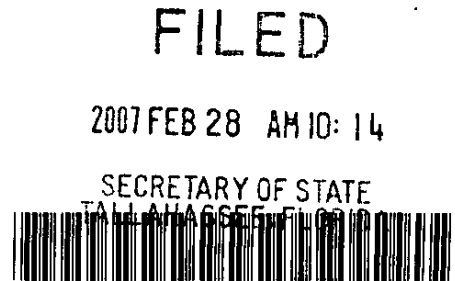


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A97000001720	
1. Entity Name	
SIUYA LIMITED PARTNERSHIP	

Principal Place of Business	Mailing Address
1901 7TH STREET PALMETTO FL 34221	1901 7TH STREET PALMETTO FL 34221

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		1386 Tanquer WAY Suite, Apt. #, etc.	
City & State		City & State	
SARASOTA FL		SARASOTA FL	
Zip	Country	Zip	Country
34239		34239	SARASOTA



1st MOORE CR2E003 (10/06)

4. FEI Number		Applied For	
65-0771632		Not Applicable	
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	
WALTON, CATHERINE A 1901 7TH STREET PALMETTO FL 34221		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

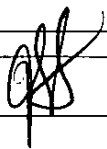
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent; or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Catherine A Walton
Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! Fee is \$500.-* After May 1, 2007, fee will be \$900.-*** Make check payable to Florida Department of State.**

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	
NAME	WALTON, CATHERINE A	CITY - ST - ZIP	
STREET ADDRESS	1901 7TH STREET	STREET ADDRESS	
CITY - ST - ZIP	PALMETTO FL 34221	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	MCCLURE, CANDACE G	CITY - ST - ZIP	
STREET ADDRESS	1617 8TH STREET	STREET ADDRESS	
CITY - ST - ZIP	PALMETTO FL 34221	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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03/02/07 01043 025 **500.00

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: Catherine A Walton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-11-07

Date

Daytime Phone #

STAPLE CHECK HERE