


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # A97000001720	
1. Entity Name SIUYA LIMITED PARTNERSHIP	

Principal Place of Business 1901 7TH STREET PALMETTO FL 34221	Mailing Address 1386 TANGLER WAY SARASOTA FL 34239
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2. Principal Place of Business - No. P.O. Box #	3. Mailing Address
State, Apt. #, etc.	State, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 65-0771632	Applied For <input type="checkbox"/>
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
	State: 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 _____
Signature, typed or printed name of registered agent and one if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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	03/11/08-80010-030 500.00
STREET ADDRESS	1901 7TH STREET	CITY-ST-ZIP	
CITY-ST-ZIP	PALMETTO FL 34221		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	MCCLURE, CANDACE G	CITY-ST-ZIP	
CITY-ST-ZIP	1617 8TH STREET PALMETTO FL 34221		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
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: *Catherine Walton* **2/8/08** **941 722 5666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE