
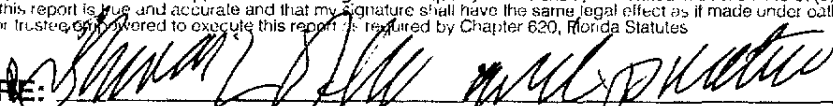


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000001744			
1. Entity Name THE SYDEL SINGER FAMILY LIMITED PARTNERSHIP			
Principal Place of Business C/O THEODORE R. NELSON 9911 WEST BROADVIEW DRIVE BAY HARBOR ISLANDS, FL 33154		Mailing Address C/O THEODORE R. NELSON P.O. BOX 54-6530 SURFSIDE, FL 33154	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and filer, if applicable</small>			
9. Capital Contributions as Shown on record. \$1,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. 1,000,000.00	
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 #	P98000065176	STREET ADDRESS	
NAME	SYDEL SINGER FAMILY CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	9911 WEST BROADVIEW DRIVE		
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154		
DOCUMENT #		STREET ADDRESS	U000000095692
NAME		CITY-ST-ZIP	03/24/04-80044-023 526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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)(a), 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: 		3.11.04 305 868 039	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



02052004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0753946 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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