
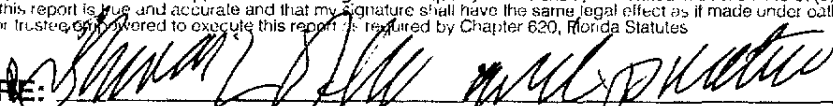


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**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 <b>FL</b> 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. <b>\$1,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>1,000,000.00</b>	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
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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