

43210

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN -8 AM 10:11

**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



04282005 Chg-LP CR2E003 (10/03)

4. FEI Number <b>65-0753946</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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>	DATE <b>05/28/05</b>
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**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 # <b>P98000065176</b>	NAME <b>SYDEL SINGER FAMILY CORPORATION</b>	STREET ADDRESS	
STREET ADDRESS <b>9911 WEST BROADVIEW DRIVE</b>	CITY-ST-ZIP <b>BAY HARBOR ISLANDS, FL 33154</b>	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	<b>400056405254</b>
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	<b>06/21/05--01069--013 **526.25</b>
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	

STAPLE CHECK HERE

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: **05/28/05** 305 4680394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #