

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A97000002074

1. Entity Name

SYBIL INVESTMENT PARTNERSHIP, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 27 AM 11:14

Principal Place of Business

Mailing Address

6985 57TH STREET
VERO BEACH FL 32967

6985 57TH STREET
VERO BEACH FL 32967

2. Principal Place of Business

PO Box 690386

3. Mailing Address

PO Box 690386

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL

Zip 32969-0386

Country USA

Zip 32969-0386

Country USA

4. FEI Number

65-0778723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERAN, WILLIAM M
6985 57TH STREET
VERO BEACH FL 32967

7. Name and Address of New Registered Agent

Name

Charles E. Garris

Street Address (P.O. Box Number is Not Acceptable)

819 Beachland Blvd.

City

Vero Beach

FL

Zip Code

32963

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

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

DATE

3-14-06

FILE NOW!!! Fee is \$500. * After May 1, 2006, 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 #	P97000025367	STREET ADDRESS	PO Box 690386
NAME	SYBIL, INC.	CITY-ST-ZIP	Vero Beach, FL 32969-0386
STREET ADDRESS	6985 57TH STREET		
CITY-ST-ZIP	VERO BEACH FL 32967		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	600069930306
NAME		CITY-ST-ZIP	04/10/06--01042--023 **500.00
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DOCUMENT #		STREET ADDRESS	
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 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:

William M. Heran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/9/06

Date

(772) 770-6724

Daytime Phone #

STAPLE CHECK HERE