
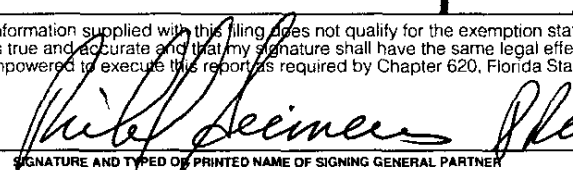


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

FILED

2004 APR 22 PM 3: 50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # -A98000002769</b>					
1. Entity Name <b>SUMMERGLEN LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>5801 N. CONGRESS SUITE 205 BOCA RATON FL 33487</b>			Mailing Address <b>5801 N. CONGRESS SUITE 205 BOCA RATON FL 33487</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0882083</b>	Applied For 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 <b>SIEMENS OCALA CORP. ATTN: RICHARD SIEMENS, PRESIDENT 5801 N. CONGRESS, SUITE 205 BOCA RATON FL 33487</b>			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 title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$4,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
<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 #	<b>P95000092200</b>		STREET ADDRESS	<b>5801 N. CONGRESS</b>	
NAME	<b>SIEMENS OCALA CORP.</b>		CITY-ST-ZIP	<b>BOCA RATON, FL 33487</b>	
STREET ADDRESS	<b>4800 NORTH FEDERAL HIGHWAY, SUITE 202-E</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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CITY-ST-ZIP			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)(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: 			4-7-04 561-362-9205		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE