


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000002769	
1. Entity Name SUMMERGLEN LIMITED PARTNERSHIP	

Principal Place of Business 5801 N. CONGRESS SUITE 205 BOCA RATON FL 33487	Mailing Address 5801 N. CONGRESS SUITE 205 BOCA RATON FL 33487
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0882083		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIEMENS OCALA CORP. ATTN: RICHARD SIEMENS, PRESIDENT 5801 N. CONGRESS, SUITE 205 BOCA RATON FL 33487		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. \$4,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
---	---

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 # P95000092200	NAME SIEMENS OCALA CORP.	STREET ADDRESS	
STREET ADDRESS 5801 N. CONRESS	CITY- ST- ZIP BOCA RATON FL 33487	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	
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	

U00000363763
05/05/05-80012-008 526.25

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Richard Siemens* **4/15/05** **561-362-9205**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #