

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 24, 2006 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**



03312006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

**65-0882083**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**SIEMENS OCALA CORP.  
ATTN: RICHARD SIEMENS, PRESIDENT  
5801 N. CONGRESS, SUITE 205  
BOCA RATON, FL 33487**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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

DOCUMENT # **P95000092200**  
NAME **SIEMENS OCALA CORP.**  
STREET ADDRESS **5801 N. CONGRESS**  
CITY - ST - ZIP **BOCA RATON, FL 33487**

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U000000531641  
05/06/06-80053-002 500.00

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4-17-06**

**561-362-9205**