


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

DOCUMENT # B03000000308
1. Entity Name
SEP FAMILY LIMITED PARTNERSHIP



FILED
04 APR 16 PM 4:30
TALLAHASSEE FLORIDA

Principal Place of Business: 1767 LAKEWOOD RANCH BLVD. #174 BRADENTON FL 34211
Mailing Address: 1767 LAKEWOOD RANCH BLVD. #174 BRADENTON FL 34211

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



MOORE CR2E003 (11/03) 4116

6. Name and Address of Current Registered Agent
**COLLINS, T C
1767 LAKEWOOD RANCH BLVD. #174
BRADENTON FL 34211**

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: \$5,000.00
10. Amount of Capital Contributions in FLORIDA to date: _____
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	NAME	STREET ADDRESS	
	COLLINS, T C		
STREET ADDRESS	1767 LAKEWOOD RANCH BLVD. #174	CITY-ST-ZIP	
CITY-ST-ZIP	BRADENTON FL 34211		
DOCUMENT #	NAME	STREET ADDRESS	
	SCHROEDER, PAT		
STREET ADDRESS	1767 LAKEWOOD RANCH BLVD. #174	CITY-ST-ZIP	400034524514
CITY-ST-ZIP	BRADENTON FL 34211		04/29/04--01007--019 **141.25
DOCUMENT #	NAME	STREET ADDRESS	
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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: TC Collins 4/10/04 941-748-0205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #