


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 MAY -2 AM 10: 22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # B03000000308
 1. Entity Name
 SEP FAMILY LIMITED PARTNERSHIP



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

Zip Country



02092005 Chg-LP CR2E003 (10/03)

4. FEI Number 11-3410927
 APPLIED FOR

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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.

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	
CITY - ST - ZIP	BRADENTON, FL 34211		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY - ST - ZIP			

00000314008
 04/18/05-80150-001 141.25

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

SIGNATURE: TC Collins GP 4/2/05 941-812-3935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day/Time/Phone #