

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 03, 2006 08:00 AM
Secretary of State

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



01212006 No Chg-LP CRZE003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **11-3410927** 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

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 #	
NAME	COLLINS, T C
STREET ADDRESS	1767 LAKEWOOD RANCH BLVD. #174
CITY-STATE-ZIP	BRADENTON, FL 34211
DOCUMENT #	
NAME	SCHROEDER, PAT
STREET ADDRESS	1767 LAKEWOOD RANCH BLVD. #174
CITY-STATE-ZIP	BRADENTON, FL 34211
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000001490813
 (4/18/06-80071-019 500.00)

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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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/06

9918123935

DATE

DAYTIME PHONE #