

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000001369

Entity Name: SEIPP ASSOCIATES, LLLP

**FILED**  
**Jan 20, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

3709 ALHAMBRA COURT  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

2 ALHAMBRA PLAZA  
STE. 800  
CORAL GABLES, FL 33134

**Current Mailing Address:**

C/O PACKMAN, NEUWAHL & ROSENBERG  
1500 SAN REMO AVE. SUITE 125  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 65-1037638      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVENUE, SUITE 125  
CORAL GABLES, FL 33146      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: SEIPP, JOHN C JR  
Address: 1321 N. GREENWAY DRIVE  
City-St-Zip: CORAL GABLES, FL 33134

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN C. SEIPP, JR.

GP

01/20/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date