

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**DOCUMENT # A00000001354**

1. Entity Name  
**SEAY FAMILY LIMITED PARTNERSHIP, LLLP**



Principal Place of Business  
**247 EAST STUART AVENUE  
LAKE WALES, FL 33853**

Mailing Address  
**247 EAST STUART AVENUE  
LAKE WALES, FL 33853**

**FILED**

**08 FEB -8 PM 3:23**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



01242008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**59-3664778**

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**

**SEAY, JAMES P  
247 EAST STUART AVENUE  
LAKE WALES, FL 33853**

**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, 2008, Fee will be \$800.00**

**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  
STREET ADDRESS  
CITY - ST - ZIP  
**SEAY, JAMES P  
247 EAST STUART AVE  
LAKE WALES, FL 33853**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SEAY, JULIE S  
247 EAST STUART AVE  
LAKE WALES, FL 33853**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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02/14/08--01045--020 \*\*500.00**

**DO NOT WRITE  
IN THIS SPACE**

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

**1-24-08 (863) 678-1338**

Date

Daytime Phone #

STAPLE CHECK HERE