

# **2012 LIMITED PARTNERSHIP REINSTATEMENT**

DOCUMENT# A00000001354

**FILED**  
**Jun 21, 2012**  
**Secretary of State**

**Entity Name:** SEAY FAMILY LIMITED PARTNERSHIP, LLLP

**Current Principal Place of Business:**

247 EAST STUART AVENUE  
LAKE WALES, FL 33853

**New Principal Place of Business:**

221 WES MANN RD.  
BABSON PARK, FL 33827

**Current Mailing Address:**

247 EAST STUART AVENUE  
LAKE WALES, FL 33853

**New Mailing Address:**

P.O. BOX 740  
BABSON PARK, FL 33827

**FEI Number:** 59-3664778

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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

SEAY, JAMES P  
221 WES MANN RD.  
BABSON PARK, FL 33827 US

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: JAMES P. SEAY

06/21/2012

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: SEAY, JAMES P  
Address: 247 EAST STUART AVE  
City-St-Zip: LAKE WALES, FL 33853

**ADDRESS CHANGES ONLY:**

Address: 221 WES MANN RD.  
City-St-Zip: BABSON PARK, FL 33827

Document #:

Name: SEAY, JULIE S  
Address: 247 EAST STUART AVE  
City-St-Zip: LAKE WALES, FL 33853

Address: 221 WES MANN RD.  
City-St-Zip: BABSON PARK, FL 33827

I hereby 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: JULIE S SEAY

GP

06/21/2012

Electronic Signature of Signing General Partner

Date