


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

DOCUMENT # A02000000176	
1. Entity Name SEDLEY ENTERPRISES LIMITED PARTNERSHIP	

**FILED**

**06 MAY -1 PM 1:21**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



Principal Place of Business C/O PAUL SCHNEIDER, C.P.A. 7860 PETERS ROAD, BUILDING F-110 PLANTATION, FL 33324	Mailing Address C/O PAUL SCHNEIDER, C.P.A. 7860 PETERS ROAD, BUILDING F-110 PLANTATION, FL 33324
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2. Principal Place of Business C/O MARC FIXLOR CPA P.A. Suite, Apt. #, etc. 1505 NW 159 AVENUE City & State PEMBROKE PINES, FL Zip 33028 Country USA	3. Mailing Address C/O MARC FIXLOR CPA P.A. Suite, Apt. #, etc. 1505 NW 159 AVENUE City & State PEMBROKE PINES, FL Zip 33028 Country USA
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04202006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent SCHNEIDER, PAUL C/O PAUL SCHNEIDER, C.P.A. 7860 PETERS ROAD, BUILDING F-110 PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name MARC FIXLOR CPA Street Address (P.O. Box Number is Not Acceptable) 1505 NW 159 AVENUE City PEMBROKE PINES FL Zip Code 33028
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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 Marc Fixlor DATE 4-20-2006  
Signature, typed or printed name of registered agent and date 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P02000012393 SEDLEY ENTERPRISES, INC. 7860 PETERS ROAD, BUILDING F-110 PLANTATION, FL 33324	STREET ADDRESS CITY-ST-ZIP	C/O MARC FIXLOR CPA PA 1505 NW 159 AVENUE PEMBROKE PINES, FL 33028
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**600075026556**  
**05/22/06--01040--018 \*\*500.00**

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

Date

Document Prepaid #

STAPLE CHECK HERE