


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**FILED**  
**Jun 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000001605</b>	
1. Entity Name <b>SEATS FAMILY PARTNERSHIP, LTD.</b>	

Principal Place of Business <b>2809 TROPIC COURT WINTER GARDEN, FL 34787</b>	Mailing Address <b>2809 TROPIC COURT WINTER GARDEN, FL 34787</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05202004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>01-0757142</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SEATS, JOHN H</b> <b>2809 TROPIC COURT</b> <b>WINTER GARDEN, FL 34787</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title is applicable.

9. Capital Contributions as Shown on record. <b>\$0.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$0.00</b>
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**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 #	<b>SEATS, JOHN H TRUSTEE</b> <b>2809 TROPIC COURT</b> <b>WINTER GARDEN, FL 34787</b>	STREET ADDRESS	<b>U000000162023</b> <b>06/03/04-80004-012 141.25</b>
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #	<b>SEATS, DOREEN C TRUSTEE</b> <b>2809 TROPIC COURT</b> <b>WINTER GARDEN, FL 34787</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*John H. Seats* *John H. Seats*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-27-04** **407-654-4333**  
Date Daytime Phone #

STAPLE CHECK HERE