

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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|---|--|---------|---|---------------------------------------|--|
| DOCUMENT # A02000001605 1. Entity Name SEATS FAMILY PARTNERSHIP, LTD. | | | | | |
| Principal Place of Business 2809 TROPIC COURT WINTER GARDEN, FL 34787 | | | Mailing Address 2809 TROPIC COURT WINTER GARDEN, FL 34787 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 01-0757142 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SEATS, JOHN H 2809 TROPIC COURT WINTER GARDEN, FL 34787 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$0.00 | | | 10. Amount of Capital Contributions in FLORIDA to date. \$0.00 | | |
| 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 | SEATS, JOHN H TRUSTEE 2809 TROPIC COURT WINTER GARDEN, FL 34787 | | STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | SEATS, DOREEN C TRUSTEE 2809 TROPIC COURT WINTER GARDEN, FL 34787 | | STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP | |
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| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Doreen C. Seats</u> Doreen C. Seats April 22, 2005 407-654-4333 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small> | | | | | |

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