

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

7002 2030 0000 6337 8940

**FILED**

**May 06, 2006 08:00 AM**  
**Secretary of State**

**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**



04252006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**01-0757142**

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**

**SEATS, JOHN H  
2809 TROPIC COURT  
WINTER GARDEN, FL 34787**

**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, 2006, Fee will be \$900.00**

UNIND00541475  
05/10/06-80053-023 500.00

**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  
**SEATS, JOHN H TRUSTEE  
2809 TROPIC COURT  
WINTER GARDEN, FL 34787**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**SEATS, DOREEN C TRUSTEE  
2809 TROPIC COURT  
WINTER GARDEN, FL 34787**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**SEATS, DOREEN C TRUSTEE  
2809 TROPIC COURT  
WINTER GARDEN, FL 34787**

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CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**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: *Doreen C. Seats* DOREEN C. SEATS**

*April 25, 2006*

447-154-4