
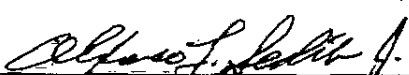


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A03000001210</b>			
1. Entity Name <b>SEDITA ENTERPRISES, LTD.</b>			
Principal Place of Business <b>5109 LONGFELLOW AVENUE TAMPA FL 33629</b>		Mailing Address <b>5109 LONGFELLOW AVENUE TAMPA FL 33629</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>20-0194185</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SEDITA, ALFONSO L JR. 5109 LONGFELLOW AVENUE TAMPA FL 33629</b>		7. Name and Address of New Registered Agent 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		11. <b>FILE NOW!!! Due by May 1, 2005.</b> See Block 11 instructions for fee info.	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.		DATE _____	
9. Capital Contributions as Shown on record. <b>\$2,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>SEDITA, ALFONSO L</b>	CITY- ST- ZIP	
STREET ADDRESS	<b>5109 LONGFELLOW AVENUE</b>		
CITY- ST- ZIP	<b>TAMPA FL 33629</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>SEDITA, ALFONSO L JR.</b>	CITY- ST- ZIP	
STREET ADDRESS	<b>3910 AMERICANA DRIVE</b>		
CITY- ST- ZIP	<b>TAMPA FL 33634</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>SPIRO, FRANCES ANN</b>	CITY- ST- ZIP	
STREET ADDRESS	<b>3903 VENETIAN WAY</b>		
CITY- ST- ZIP	<b>TAMPA FL 33634</b>		
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STREET ADDRESS			
CITY- ST- ZIP			
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: 		<b>ALFONSO L. SEDITA JR. 4-13-05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



1ST MOORE CR2E003 (10/04)

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