



**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A03000001210		
1. Entity Name SEDA ENTERPRISES, LTD.		

Principal Place of Business 5109 LONGFELLOW AVENUE TAMPA FL 33629	Mailing Address 5109 LONGFELLOW AVENUE TAMPA FL 33629
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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

FILED
06 MAY 31 AM 11:54
**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



1st MOORE CR2E003 (10/05)

4. FEI Number 20-0194185	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SEDA, ALFONSO L JR. 5109 LONGFELLOW AVENUE TAMPA FL 33629		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		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 if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #	SEDA, ALFONSO L	STREET ADDRESS	
NAME	5109 LONGFELLOW AVENUE	CITY-ST-ZIP	600076017476
STREET ADDRESS	TAMPA FL 33629		06/09/06--01034--022 **900.00
CITY-ST-ZIP			
DOCUMENT #	SEDA, ALFONSO L JR.	STREET ADDRESS	
NAME	3910 AMERICANA DRIVE	CITY-ST-ZIP	
STREET ADDRESS	TAMPA FL 33634		
CITY-ST-ZIP			
DOCUMENT #	SPIRO, FRANCES ANN	STREET ADDRESS	
NAME	3903 VENETIAN WAY	CITY-ST-ZIP	
STREET ADDRESS	TAMPA FL 33634		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
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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 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: *Alfonso L. Sedita Jr.* **ALFONSO L. SEDITA JR.** **5-7-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE