


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 29 AM 9:01

DOCUMENT # A03000001736					
1. Entity Name LESEA FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 22716 NEFF COURT LAND-O-LAKES, FL 34639			Mailing Address 22716 NEFF COURT LAND-O-LAKES, FL 34639		
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 20-0099351	
				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			7. Name and Address of New Registered Agent		
SEABURY, LESLIE 22716 NEFF COURT LAND-O-LAKES, FL 34639			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 <u><i>Leslie D Seabury</i></u> DATE <u>7-27-05</u>					
Signature, typed or printed name of registered agent, and state if applicable					
9. Capital Contributions as Shown on record. \$500.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	L03000051276		STREET ADDRESS		
NAME	SEALES MANAGEMENT COMPANY, LLC		CITY-ST-ZIP		
STREET ADDRESS	22716 NEFF COURT				
CITY-ST-ZIP	LAND-O-LAKES, FL 34639				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			200058298642		
CITY-ST-ZIP			08/05/05--01052--024 **541.25		
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NAME			CITY-ST-ZIP		
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: <u><i>Leslie D Seabury</i></u> DATE <u>7-27-05</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE