

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 13 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03232007 Chg-LP CR2E003 (12/06)

DOCUMENT # A04000002108	
1. Entity Name SEQUEIRA LIMITED PARTNERSHIP	



Principal Place of Business 1910 HARBOR POINT DRIVE MERRITT ISLAND, FL 32952	Mailing Address 1910 HARBOR POINT DRIVE MERRITT ISLAND, FL 32952
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number APPLIED FOR	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MARKEY & FOWLER, P.A. 25 MCLEOD STREET MERRITT ISLAND, FL 32953	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 #	L04000005390	STREET ADDRESS	
NAME	MAS ENTERPRISES, LLC	CITY-ST-ZIP	
STREET ADDRESS	1910 HARBOR POINT DRIVE		
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		
DOCUMENT #		STREET ADDRESS	300097230703
NAME		CITY-ST-ZIP	04/17/07--01046--012 **500.00
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: <u>Mario Sequeira</u>	MARIO SEQUEIRA PRESIDENT	4/7/07	321-636-7780
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>