


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

**DOCUMENT # A05000001695**

1. Entity Name  
**SEMINOLE WAREHOUSE PARTNERS, LTD.**



0516W-1 AM 9:41  
 SEMINOLE WAREHOUSE PARTNERS, LTD.  
 TALLAHASSEE FLORIDA

Principal Place of Business  
 4051 WEST STATE ROAD 46  
 SANFORD, FL 32771

Mailing Address  
 4051 WEST STATE ROAD 46  
 SANFORD, FL 32771



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01312006 Chg-LP CR2E003 (11/05)

City & State

4. FEI Number  Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CARDAMONE, RICHARD**  
 4051 WEST STATE ROAD 46  
 SANFORD, FL 32771

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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 #	P05000112453	STREET ADDRESS	
NAME	SEMINOLE WAREHOUSE PARTNERS GP, INC.	CITY-ST-ZIP	
STREET ADDRESS	4051 WEST STATE ROAD 46		
CITY-ST-ZIP	SANFORD, FL 32771		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

**600074659376**  
 05/16/06--01016--022 \*\*\$500.00

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:** Richard E. Cardamone **RICHARD E. CARDAMONE** 1-31-06 407-302-4077

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