

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

**FILED**

2007 APR 30 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01212007 Chg-LP CR2E003 (12/06)

**DOCUMENT # A06000001037**

1. Entity Name  
**SMITHA SEAN, L.L.L.P.**



|  |  |
|--|--|
| Principal Place of Business<br><b>6325 U.S. HIGHWAY 27 NORTH<br/>         SUITE 201<br/>         SEBRING, FL 33870</b> | Mailing Address<br><b>6325 U.S. HIGHWAY 27 NORTH<br/>         SUITE 201<br/>         SEBRING, FL 33870</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><b>2523 U.S. HWY 27 SOUTH</b> | 3. Mailing Address<br><b>2523 U.S. HWY 27 SOUTH</b> |
| Suite, Apt. #, etc.<br><b># 208</b>   | Suite, Apt. #, etc.<br><b># 205</b>                 |

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| City & State<br><b>AVON PARK, FL</b> | City & State<br><b>AVON PARK, FL</b> |
| Zip<br><b>FL 33825</b>               | Country<br><b>Highlands</b>          |
| Zip<br><b>33825</b>                  | Country<br><b>Highlands</b>          |

|   |  |
|---|--|
| 4. FEI Number<br><b>091589029</b>                         | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S ESQ.  
 1245 COURT STREET SUITE 102  
 CLEARWATER, FL 33756**

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 *Rajeswari Sonni* DATE 04-27-05

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

**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 #                      | NAME                       | STREET ADDRESS           |  |
|                                 | SONNI, RAJESWARI TRUSTEE   |                          |  |
| STREET ADDRESS                  | 6325 U.S. HIGHWAY 27 NORTH | CITY-ST-ZIP              |  |
| CITY-ST-ZIP                     | SEBRING, FL 33870          |                          |  |
| DOCUMENT #                      | NAME                       | STREET ADDRESS           |  |
|                                 | SONNI, ASHOK               |                          |  |
| STREET ADDRESS                  | 6325 U.S. HIGHWAY 27 NORTH | CITY-ST-ZIP              |  |
| CITY-ST-ZIP                     | SEBRING, FL 33870          |                          |  |
| DOCUMENT #                      | NAME                       | STREET ADDRESS           |  |
|                                 |                            |                          |  |
| STREET ADDRESS                  |                            | CITY-ST-ZIP              |  |
| CITY-ST-ZIP                     |                            |                          |  |
| DOCUMENT #                      | NAME                       | STREET ADDRESS           |  |
|                                 |                            |                          |  |
| STREET ADDRESS                  |                            | CITY-ST-ZIP              |  |
| CITY-ST-ZIP                     |                            |                          |  |
| DOCUMENT #                      | NAME                       | STREET ADDRESS           |  |
|                                 |                            |                          |  |
| STREET ADDRESS                  |                            | CITY-ST-ZIP              |  |
| 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: *Rajeswari Sonni* DATE 04-27-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE