

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A06000001037**

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



Principal Place of Business  
**2523 US HWY 27 SOUTH  
#208  
AVON PARK, FL 33825**

Mailing Address  
**2523 US HWY 27 SOUTH  
#208  
AVON PARK, FL 33825**



03272008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**09-7589029**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

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

U000000915461

05/09/08 00045 023 500.00

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, 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

DOCUMENT #

NAME  
**SONNI, RAJESWARI TRUSTEE**  
STREET ADDRESS  
**6325 U.S. HIGHWAY 27 NORTH**  
CITY - ST - ZIP  
**SEBRING, FL 33870**

DOCUMENT #

NAME  
**SONNI, ASHOK**  
STREET ADDRESS  
**6325 U.S. HIGHWAY 27 NORTH**  
CITY - ST - ZIP  
**SEBRING, FL 33870**

DOCUMENT #

NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #

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CITY - ST - ZIP

DOCUMENT #

NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date

Daytime Phone #

STAPLE CHECK HERE