

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A06000001037

Entity Name: SMITHA SEAN, L.L.P.

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3201 MEDICAL WAY  
SUITE 101  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

3201 MEDICAL WAY  
SUITE 101  
SEBRING, FL 33870

**New Mailing Address:**

FEI Number: 09-7589029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SONNI, ASHOK MD  
6325 U.S. HIGHWAY 27 NORTH  
SEBRING, FL 33870 US

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.

SIGNATURE: ASHOK SONNI

04/27/2011

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: SONNI, RAJESWARI TRUSTEE  
Address: 6325 U.S. HIGHWAY 27 NORTH  
City-St-Zip: SEBRING, FL 33870

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: SONNI, ASHOK  
Address: 6325 U.S. HIGHWAY 27 NORTH  
City-St-Zip: SEBRING, FL 33870

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ASHOK SONNI

PTR

04/27/2011

Electronic Signature of Signing General Partner

Date