


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A21755</b>		
1. Entity Name <b>THE SEALY PARTNERSHIP LIMITED</b>		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JAN 26 AM 10:40

Principal Place of Business <b>50 AND SAMPEY RD. P.O. BOX 128 GROVELAND FL 32736</b>	Mailing Address <del>50 AND SAMPEY RD.</del> <b>P.O. BOX 128 GROVELAND FL 32736</b>
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2. Principal Place of Business	3. Mailing Address <b>P.O. BOX 128</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>GROVELAND FL.</b>	City & State
Zip <b>32736</b>	Country <b>U.S.A.</b>

*Handwritten initials*



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>59-2634866</b>		Applied For <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 <b>SEALY, MACK SPENCER 518 S. MAIN AVE. GROVELAND FL 32736</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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

9. Capital Contributions as Shown on record. <b>\$16,268.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**11. FILE NOW!!! Due by May 1, 2005**  
**See Block 11 instructions for fee info.**

**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	
NAME	<b>SEALY, MACK SPENCER, JR.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>518 S. MAIN AVE.</b>		
CITY-ST-ZIP	<b>GROVELAND FL</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>SEALY, BARBARA ANN B.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>518 S. MAIN AVE.</b>		
CITY-ST-ZIP	<b>GROVELAND FL</b>		
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**600046010626**  
**02/04/05--01010--017 \*\*202.63**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *M.S. SEALY* **M.S. SEALY** 1/24/05 352 429 2121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #