

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A21755		
1. Entity Name THE SEALY PARTNERSHIP LIMITED		

Principal Place of Business 50 AND SAMPEY RD. P.O. BOX 128 GROVELAND FL 32736	Mailing Address P O BOX 128 GROVELAND FL 34736
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number **59-2634866** ☐ Applied For Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SEALY, MACK SPENCER 518 S. MAIN AVE. GROVELAND FL 32736		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code

FL

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. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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	
	SEALY, MACK SPENCER, JR.		
STREET ADDRESS	518 S. MAIN AVE.	CITY - ST - ZIP	
CITY - ST - ZIP	GROVELAND FL		
DOCUMENT #	NAME	STREET ADDRESS	
	SEALY, BARBARA ANN B.		
STREET ADDRESS	518 S. MAIN AVE.	CITY - ST - ZIP	
CITY - ST - ZIP	GROVELAND FL		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
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CITY - ST - ZIP			

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02/23/06-80079-024 500.00

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: M. S. SEALY 2/9/06 3524292121