


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

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 - No P.O. Box # 9622 PINE ISLAND ROAD Suite, Apt. #, etc. Clermont, Florida City & State	3. Mailing Address P.O. Box 128 GROVELAND, Florida City & State 34736
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Zip	Country	Zip	Country
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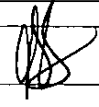
6. Name and Address of Current Registered Agent SEALY, MACK SPENCER 518 S. MAIN AVE. GROVELAND FL 32736	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits 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, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

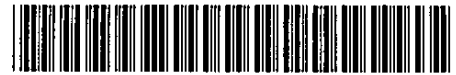
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	SEALY, MACK SPENCER, JR. 518 S. MAIN AVE. GROVELAND FL	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	SEALY, BARBARA ANN B. 518 S. MAIN AVE. GROVELAND FL	STREET ADDRESS CITY - ST - ZIP	
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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 1/29/07 (352) 242-0196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB 14 AM 9:50



1st MOORE CR2E003 (10/06)

4. FEI Number 59-2634866	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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STAPLE CHECK HERE