2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A97000000198

1. Entity Name
SEDLEY FAMILY LIMITED PARTNERSHIP

05 MAY -1 AM 9:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
C/O SCHNEIDER 7860 PETERS RD., F-110 PLANTATION, FL 33324	C/O SCHNEIDER 7860 PETERS RD., F-110 PLANTATION, FL 33324

04202006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
C/O MARC FIXLOR CPA PA	C/O MARC FIXLOR CPA PA
Suite, Apt. #, etc. 1505 NW 159 AVENUE	Suite, Apt. #, etc. 1505 NW 159 AVENUE
City & State PEMBROKE PINES, FL	City & State PEMBROKE PINES, FL
Zip / Country 33028 / USA	Zip / Country 33028 / USA

4. FEI Number
58-2148742
☐ 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
SCHNEIDER, PAUL F CPA 7860 PETERS RD., F-110 PLANTATION, FL 33324	Name: MARC FIXLOR CPA Street Address (P.O. Box Number is Not Acceptable): 1505 NW 159 AVENUE City: PEMBROKE PINES FL Zip Code: 33028

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: Marc Fixlor 4-20-2006
Signature, type or printed name of registered agent and title if applicable — DATE

FILE NOW!!! FEE IS $500.00
After May 1, 2006, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P02000024683	STREET ADDRESS	C/O MARC FIXLOR CPA, 1505 NW 159 AVENUE
NAME	SEDLEY, INC.	CITY-ST-ZIP	PEMBROKE PINES, FL 33028
STREET ADDRESS	C/O SCHNEIDER,7860 PETERS RD., BLDG. F-110		
CITY-ST-ZIP	PLANTATION, FL 33324		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: _____ 4-21-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #