

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**DOCUMENT # A9800000490**  
 \*1. Entity Name  
**SEIN FAMILY LIMITED PARTNERSHIP, LTD.**



**FILED**  
 04 APR 20 PM 3:59  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

Principal Place of Business 5042 CROSS POINTE DRIVE OLDSMAR FL 34677		Mailing Address P.O. BOX 270 OLDSMAR FL 34677	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3496116	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**  
 COLL, MARTA S  
 5042 CROSS POINTE DRIVE  
 OLDSMAR FL 34677

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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. \$300,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$72,384.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION.
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**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	900035819329
STREET ADDRESS	5042 CROSS POINTE DRIVE	CITY-ST-ZIP	05/10/04--01068--005 **526.25
CITY-ST-ZIP	OLDSMAR FL 34677		
DOCUMENT #	NAME	STREET ADDRESS	235 Ski Mountain Rd.
STREET ADDRESS	10 SUMMERWINDS LANE	CITY-ST-ZIP	Gatlinburg, TN 37738
CITY-ST-ZIP	OLDSMAR FL 34677		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	1800 BEN FRANKLIN DRIVE #806	CITY-ST-ZIP	
CITY-ST-ZIP	SARASOTA FL 34236		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

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:** *Marta Sein Coll, General Partner* Date: *4/13/04* Daytime Phone #: *(727) 1772-8555*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER