


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

DOCUMENT # A98000000490 1. Entity Name SEIN FAMILY LIMITED PARTNERSHIP, LTD.	
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Principal Place of Business 5042 CROSS POINTE DRIVE OLDSMAR FL 34677	Mailing Address P.O. BOX 270 OLDSMAR FL 34677
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent COLL, MARTA S 5042 CROSS POINTE DRIVE OLDSMAR FL 34677	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. \$300,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$72,384.00
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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	
NAME	COLL, MARTA SEIN		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	
NAME	KOON, EUNICE SEIN		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	
NAME	FERNANDEZ, MIRIAM SEIN		
STREET ADDRESS	1800 BEN FRANKLIN DRIVE #806	CITY-ST-ZIP	
CITY-ST-ZIP	SARASOTA FL 34236		
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

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: <i>Marta Sein Coll</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	<i>General Partner</i> Date	<i>4/13/04</i> Daytime Phone #
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FILED
04 APR 20 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

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

STAPLE CHECK HERE