

2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A99000000420

Entity Name: THOBURN LIMITED PARTNERSHIP**Current Principal Place of Business:**4205 SW 91ST DRIVE
GAINESVILLE, FL 32608**Current Mailing Address:**4205 SW 91ST DRIVE
GAINESVILLE, FL 32608**FEI Number:** 59-3564608**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOVAY, JOHN C
901 N.W. 57TH STREET
GAINESVILLE, FL 32605 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**General Partner Detail :**

Document #
Name LOUNSBERRY, KIMBERLY S
Address 100 PARK EAST
City-State-Zip: CANTON GA 30115

Document #
Name THOBURN, ERIC K
Address 4205 SW 91ST DRIVE
City-State-Zip: GAINESVILLE FL 32608

Document #
Name KIRBY, KELLY T
Address 14720 RUDOLPH-DADEY DR
City-State-Zip: CHARLOTTE NC 28277

Document #
Name VICTORICA, ANDREA T
Address 215 ASHMERE COURT
City-State-Zip: TYRONE GA 30290

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIMBERLY S LOUNSBERRY**GENERAL PARTNER****03/23/2014**_____
Electronic Signature of Signing General Partner Detail_____
Date