


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

DOCUMENT # A00000000747		
1. Entity Name ALMA THOMAS INVESTMENTS, LTD.		
Principal Place of Business 2750 S.E. OCEAN BLVD., APT. 115 NORTH STUART FL 34996		Mailing Address 2750 S.E. OCEAN BLVD., APT. 115 NORTH STUART FL 34996
2. Principal Place of Business James Thomas Suite, Apt. #, etc. 5155 S.W. HAMMOCK CREEK DR City & State PALM CITY, FL Zip 34990	3. Mailing Address James Thomas Suite, Apt. #, etc. 5155 S.W. HAMMOCK CREEK DR City & State PALM CITY, FL Zip 34990	
6. Name and Address of Current Registered Agent THOMAS, ALMA A 2750 S.E. OCEAN BLVD., APT. 115 NORTH STUART FL 34996		
8. The above named entity submits this statement for the purpose of changing its registered in the State of Florida: I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>James P. Thomas</i> Signature, typed or printed name of registered agent and title if applicable		
9. Capital Contributions as Shown on record. \$5,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 16 AM 10:29



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-1009860	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

The Registered Agent  
HAS NOT CHANGED.  
Her MAILING ADDRESS  
HAS CHANGED AS  
INDICATED.

SHE IS 100 YRS OLD AND  
IN A NURSING HOME  
*James P. Thomas*  
(HER SON)

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST  
NOTE: General Partners MAY NOT be changed on the form; a**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT #	THOMAS, ALMA A
NAME	2750 S.E. OCEAN BLVD., APT. 115 NORTH
STREET ADDRESS	STUART FL 34996
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13.**

STREET A	
CITY-ST	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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02/23/05--01048--014 \*\*526.25

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:

*James P. Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-28-05

STAPLE CHECK HERE