


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
Mar 18, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # A00000001585**

1. Entity Name  
**THE THOMAS F. RAYMOND FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**1430 39TH STREET  
WEST PALM BEACH, FL 33407**

Mailing Address  
**1430 39TH STREET  
WEST PALM BEACH, FL 33407**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

02262005 Chg-LP CR2E003 (10/03)

City & State

Zip Country

4. FEI Number  
**65-1064365**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RAYMOND, THOMAS F  
1430 39TH STREET  
WEST PALM BEACH, FL 33407**

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 **\$407,500.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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 **RAYMOND, THOMAS F**

STREET ADDRESS **1430 39TH STREET**

CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME **RAYMOND, ELIZABETH JANE**

STREET ADDRESS **1430 39TH STREET**

CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

STREET ADDRESS

CITY-ST-ZIP

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03/18/05-80014-011 526.25**

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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: **X Thomas F. Raymond** **x 3/10/05** **561-848-6318**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE