

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 06, 2006 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**



03232006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

65-1064365

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

DOCUMENT #

NAME

RAYMOND, THOMAS F

STREET ADDRESS

1430 39TH STREET

CITY- ST- ZIP

WEST PALM BEACH, FL 33407

DOCUMENT #

NAME

RAYMOND, ELIZABETH JANE

STREET ADDRESS

1430 39TH STREET

CITY- ST- ZIP

WEST PALM BEACH, FL 33407

DOCUMENT #

NAME

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #

NAME

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DOCUMENT #

NAME

STREET ADDRESS

CITY- ST- ZIP

U00000495704
04/21/06-80021-004 500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #

X 4/1/06

STAPLE CHECK HERE