

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

**DO NOT WRITE IN THIS SPACE**



03232006 No Chg-LP      CR2E003 (11/05)

4. FEI Number      Applied For  
65-1064365      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional  
Fees Required

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

**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 STREET ADDRESS CITY-ST-ZIP	RAYMOND, THOMAS F 1430 39TH STREET WEST PALM BEACH, FL 33407
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	RAYMOND, ELIZABETH JANE 1430 39TH STREET WEST PALM BEACH, FL 33407
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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 *Thomas F. Raymond*      X 4/1/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE