


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011768 AT

DOCUMENT # A00000001585

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



FILED

03 APR 18 PM 1:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

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)
300016233513

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.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
	STREET ADDRESS 1430 39TH STREET	CITY-ST-ZIP	
	CITY-ST-ZIP WEST PALM BEACH FL 33407		
DOCUMENT #	NAME RAYMOND, ELIZABETH JANE	STREET ADDRESS	
	STREET ADDRESS 1430 39TH STREET	CITY-ST-ZIP	
	CITY-ST-ZIP WEST PALM BEACH FL 33407		
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	CITY-ST-ZIP		

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* **SIGNATURE REQUIRED** X 4/7/3

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/7/3** Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)