

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

F 215  
CO# 200  
FILED  
Apr 25, 2006 08:00 AM  
SECRETARY OF STATE  
1295

DOCUMENT # A01000000813

1. Entity Name  
THISTLE DOWNS LIMITED PARTNERSHIP



Principal Place of Business  
631 US HWY 1  
STE 406  
NORTH PALM BEACH, FL 33408

Mailing Address  
631 US HWY 1  
STE 406  
NORTH PALM BEACH, FL 33408

APPROVAL

Ch

TOTAL 500.00  
DATE



04042006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
65-1115999

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**

MACKEY, WALTER J JR  
631 US HWY 1  
STE 406  
NORTH PALM BEACH, FL 33408

**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 # P01000058131  
NAME THISTLE DOWNS VENTURES INC  
STREET ADDRESS 631 US HWY 1  
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

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CITY-ST-ZIP

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CITY-ST-ZIP

U000000533022  
05/06/06-80105-020 500.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 4/24/06 Daytime Phone #

STAPLE CHECK HERE