

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A01000000835

1. Entity Name

THISTLE GOLF CLUB LIMITED PARTNERSHIP



FILED

2005 APR 14 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O WALTER J. MACKEY, JR.
2247 PALM BEACH LAKES BLVD., SUITE 20
WEST PALM BEACH FL 33409

Mailing Address
C/O WALTER J. MACKEY, JR.
2247 PALM BEACH LAKES BLVD., SUITE 20
WEST PALM BEACH FL 33409



1ST MOORE CR2E003 (10/04)

2. Principal Place of Business
631 US HWY ONE
Suite, Apt. #, etc.
SUITE 406
City & State
NORTH PALM BEACH, FLORIDA
Zip
33408
Country
USA

3. Mailing Address
631 US HWY ONE
Suite, Apt. #, etc.
SUITE 406
City & State
NORTH PALM BEACH, FLORIDA
Zip
33408
Country
USA

4. FEI Number
65-1119165
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MACKEY, WALTER J JR.
2247 PALM BEACH LAKES BLVD., SUITE 204
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
631 US HWY ONE, SUITE 406
City
NORTH PALM BEACH FL Zip Code
33408

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

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. \$50,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$50,000.00

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	2247 PALM BEACH LAKES BLVD., SUITE 204
CITY-ST-ZIP	WEST PALM BEACH FL 33409
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	631 US HWY ONE, SUITE 406
CITY-ST-ZIP	NORTH PALM BEACH FL 33408
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: _____ **WALTER J. MACKEY, JR., PRESIDENT 4/05/05 (561)848-8760**

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

STAPLE CHECK HERE