

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A02000001325 1. Entity Name RALPH C. THOMAS LIMITED PARTNERSHIP	
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Principal Place of Business 6 PITTS AVENUE FREEPORT FL 32439	Mailing Address 6 PITTS AVENUE FREEPORT FL 32439
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
04 APR 16 PM 4:30
CLERK OF THE COURT
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03) **4/16**

4. FEI Number APPLIED FOR 01-0756318	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMAS, RALPH C 6 PITTS AVENUE FREEPORT FL 32439	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$1,000,000.00	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 #	THOMAS, RALPH C TRUSTEE	STREET ADDRESS	
NAME	6 PITTS AVENUE	CITY-ST-ZIP	
STREET ADDRESS	FREEPORT FL 32439		
CITY-ST-ZIP			
DOCUMENT #	THOMAS, SONYA L TRUSTEE	STREET ADDRESS	
NAME	6 PITTS AVENUE	CITY-ST-ZIP	
STREET ADDRESS	FREEPORT FL 32439		
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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04/29/04--01005--006 **526.25

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: *Ralph C Thomas* **Ralph C Thomas** **7-15-04** **850-835 2387**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE