

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

FILED

**May 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # A02000001325

1. Entity Name

RALPH C. THOMAS LIMITED PARTNERSHIP



Principal Place of Business

**6 PITTS AVENUE
FREEPORT FL 32439**

Mailing Address

**6 PITTS AVENUE
FREEPORT FL 32439**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0756318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, RALPH C
6 PITTS AVENUE
FREEPORT FL 32439**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Ralph C. Thomas, R.C. Thomas 5-2-05

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

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	THOMAS, RALPH C TRUSTEE
STREET ADDRESS	6 PITTS AVENUE
CITY - ST - ZIP	FREEPORT FL 32439
DOCUMENT #	
NAME	THOMAS, SONYA L TRUSTEE
STREET ADDRESS	6 PITTS AVENUE
CITY - ST - ZIP	FREEPORT FL 32439
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	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

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05/16/05-80002-003 526.25**

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, R.C. Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5-2-05

Date

850-835-2387

Daytime Phone if

STAPLE CHECK HERE