

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A02000001325	
1. Entity Name RALPH C. THOMAS LIMITED PARTNERSHIP	

Principal Place of Business 6 PITTS AVENUE FREEPORT FL 32439	Mailing Address 821 McDANIELS FISHCAMP RD. 6 PITTS AVENUE FREEPORT FL 32439
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 821 McDANIELS FISHCAMP RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State FREEPORT, FL
Zip	Country
32439	U.S.

6. Name and Address of Current Registered Agent THOMAS, RALPH C 6 PITTS AVENUE 821 McDANIELS FISHCAMP RD. 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
--	---

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.

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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	821 McDANIELS FISHCAMP RD.
NAME	6 PITTS AVENUE	CITY - ST - ZIP	FREEPORT, FL 32439
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	THOMAS, SONYA L TRUSTEE	STREET ADDRESS	821 McDANIELS FISHCAMP RD.
NAME	6 PITTS AVENUE	CITY - ST - ZIP	FREEPORT, FL 32439
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

100101622941
05/04/07--01055--014 **500.00

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: R.C. Thomas 4-11-07 850-835-2382

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

FILED

2007 APR 23 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/06)

4. FEI Number 01-0756318	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

STAPLE CHECK HERE