2009 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# A23716

Entity Name: C. A. THOMAS FARMS, LTD.

Current Principal Place of Business:

P. O. BOX 8
LAKE HARBOR, FL 33459

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 8
LAKE HARBOR, FL 33459

New Mailing Address:

FEI Number: 59-2749692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GANN, JAMES M
257 S.E. AVE. E.
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

GENERAL PARTNER INFORMATION:

ADDRESS CHANGES ONLY:

Document #:		
Name:	NORMAN, MOLLY T	
Address:	21 EAST CORKSCREW BLVD.	Address:
City-St-Zip:	LAKE HARBOR, FL 33459	City-St-Zip:
Document #:		
Name:	NORMAN, MOLLY T TRUSTEE	
Address:	21 EAST CORKSCREW BLVD.	Address:
City-St-Zip:	LAKE HARBOR, FL 33459	City-St-Zip:
Document #:		
Name:	WEEKS, MARTHA L.T. TRUSTEE	
Address:	8 EAST CORKSCREW BLVD.	Address:
City-St-Zip:	LAKE HARBOR, FL 33459	City-St-Zip:
Document #:		
Name:	WEEKS, MARTHA L.T. TRUSTEE	
Address:	8 EAST CORKSCREW BLVD.	Address:
City-St-Zip:	LAKE HARBOR, FL 33459	City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARTHA L. T. WEEKS OWNE 04/24/2009

Electronic Signature of Signing General Partner — Date