

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

DOCUMENT # A27810

1. Entity Name

**THE THOMAS K. COUGHLIN FAMILY LIMITED
PARTNERSHIP-B**



Principal Place of Business

**141 SAGE BRUSH TRAIL
SUITE A
ORMOND BEACH FL 32174**

Mailing Address

**141 SAGE BRUSH TRAIL
SUITE A
ORMOND BEACH FL 32174**

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

59-2913877

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

**COUGHLIN, THOMAS K.
141 SAGE BRUSH TRAIL
SUITE A
ORMOND BEACH FL 32074**

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

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

DATE

9. Capital Contributions
as Shown on record.

\$27,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

17,825 -

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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

STREET ADDRESS

CITY-ST-ZIP

**COUGHLIN, THOMAS K.
141 SAGE BRUSH TR. STE. A
ORMOND BEACH FL**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**COUGHLIN, KATHLEEN N.
141 SAGE BRUSH TR. STE. A
ORMOND BEACH FL**

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

000033172520

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Thomas K. Coughlin
Gen'l Partner

Date

4/8/04

Daytime Phone #

386 672 6210

APPROVED
AND
FILED

04 APR -9 PM 4:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



MOORE

CR2E003 (11/03)

STAPLE CHECK HERE