
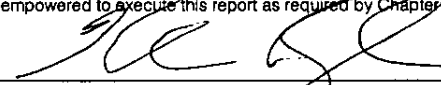


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
05 APR 19 PM 3:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$27,000.00		10. Amount of Capital Contributions in FLORIDA to date. 17,825			
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 #	NAME		STREET ADDRESS		
NAME	COUGHLIN, THOMAS K.		CITY-ST-ZIP		
STREET ADDRESS	141 SAGE BRUSH TR. STE. A				
CITY-ST-ZIP	ORMOND BEACH, FL				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	COUGHLIN, KATHLEEN N.		CITY-ST-ZIP		
STREET ADDRESS	141 SAGE BRUSH TR. STE. A				
CITY-ST-ZIP	ORMOND BEACH, FL				
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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			Date 4/13/05 Daytime Phone # 386 672 6210		

STAPLE CHECK HERE



01112005 Chg-LP CR2E003 (10/03)

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

Name

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

City

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DATE

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SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Thomas K. COUGHLIN

Date 4/13/05 Daytime Phone # 386 672 6210