

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 11, 2008 08:00 A
Secretary of State

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



04022008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2913877	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COUGHLIN, THOMAS K. 141 SAGE BRUSH TRAIL SUITE A ORMOND BEACH, FL 32074

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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	COUGHLIN, THOMAS K.
STREET ADDRESS	141 SAGE BRUSH TR. STE. A
CITY - ST - ZIP	ORMOND BEACH, FL
DOCUMENT #	
NAME	COUGHLIN, KATHLEEN N.
STREET ADDRESS	141 SAGE BRUSH TR. STE. A
CITY - ST - ZIP	ORMOND BEACH, FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000892842
04/23/08-80080-017 500.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

Thomas K. Coughlin 4/8/08 386 672 6240