

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A27810

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** THE THOMAS K. COUGHLIN FAMILY LIMITED PARTNERSHIP-B

**Current Principal Place of Business:**

141 SAGE BRUSH TRAIL  
SUITE A  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

141 SAGE BRUSH TRAIL  
SUITE A  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 59-2913877

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COUGHLIN, THOMAS K.  
141 SAGE BRUSH TRAIL  
SUITE A  
ORMOND BEACH, FL 32174 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:**

Document #:

Name: COUGHLIN, THOMAS K.  
Address: 141 SAGE BRUSH TR.STE.A  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: COUGHLIN, KATHLEEN N.  
Address: 141 SAGE BRUSH TR.STE.A  
City-St-Zip: ORMOND BEACH, FL 32174

Address:  
City-St-Zip:

I hereby 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: THOMAS K. COUGHLIN

PTR

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date