


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

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A27811 1. Entity Name THE THOMAS K. COUGHLIN FAMILY LIMITED PARTNERSHIP-A					
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		
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.		\$20,508.00		10. Amount of Capital Contributions in FLORIDA to date.	
				100	
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				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				
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STREET ADDRESS					
CITY-ST-ZIP					

STAPLE CHECK HERE

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 04/15/04-80047-023 141.25

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: Thomas K. Coughlin, General Partner 4/8/04 3066726210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #



MOORE CR2E003 (11/03)

4. FEI Number **59-2913881** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required