


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 27, 2005 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 Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-2913881 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent COUGHLIN, THOMAS K. 141 SAGE BRUSH TRAIL SUITE A ORMOND BEACH, FL 32074 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE _____ DATE _____ <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 | | |
| 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 | | | | | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| 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: <i>Thomas K. Coughlin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | 4/13/05 Date | | 386 672 0210 Daytime Phone # |



01112005 Chg-LP CR2E003 (10/03)

STAPLE CHECK HERE