2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

DOCUMENT # A27811

1. Entity Name

THE THOMAS K. COUGHLIN FAMILY LIMITED PARTNERSHIP-A



Principal Place of Business

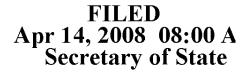
141 SAGE BRUSH TRAIL

SUITE A ORMOND BEACH, FL 32174 Mailing Address

141 SAGE BRUSH TRAIL

SUITE A

ORMOND BEACH, FL 32174





04022008 No Chg-LP

CR2E003 (12/06)

FEI Number	Applied For
59-2913881	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COUGHLIN, THOMAS K. 141 SAGE BRUSH TRAIL SUITE A

25 20

ORMOND BEACH, FL 32074

DO NOT WRITE IN THIS SPACE

8	The above named entity submits this sta	atement fo	or the purpose (of changing	its registe	red office	or registered agent, or	both, in the State of Florida.	I am familiar wi	th, and accept
	the obligations of registered agent.									
	Bright Date of the state of the state of	• •	41			; •				

Signature, typed or printed name of registered agent and title if applicable

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.

•	NOTE: General Partners MAY NOT be changed on the						
12.	GENERAL PARTNER INFORMATION						
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	COUGHLIN, THOMAS K. 141 SAGE BRUSH TR. STE.A ORMOND BEACH, FL						
OOCUMENT ANAME STREET ADDRESS CITY - ST - ZIP	COUGHLIN, KATHLEEN N. 141 SAGE BRUSH TR. STE.A ORMOND BEACH, FL						
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP							
OOCUMENT # NAME STREET ADDRESS, CITY-ST-ZIP							
DOCUMENT # NAME STREET ADDRESS CITY_ST-ZIP							
DOCUMENT #							

U00000897365 04/25/08-80044-025 500.00

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 receivor or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING GENERAL PARTNER