

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**04 FEB 24 AM 11:19**

**DOCUMENT # A32960**

1. Entity Name  
**DIXIE PARTNERSHIP, LTD.**



Principal Place of Business  
**105 SO. NARCISSUS AVE., SUITE 602**  
**WEST PALM BEACH, FL 33401**

Mailing Address  
**105 SO. NARCISSUS AVE., SUITE 602**  
**WEST PALM BEACH, FL 33401**



01122004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0382196**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**THOMAS, SUSAN**  
**105 S. NARCISSUS AVENUE, SUITE 602**  
**WEST PALM BEACH, FL 33401**

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

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

DATE

9. Capital Contributions  
as Shown on record.

**\$80,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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 # **V36541**  
NAME **THOMRUH, INC.**  
STREET ADDRESS **105 S. NARCISSUS AVE.**  
CITY-ST-ZIP **WEST PALM BEACH, FL**

STREET ADDRESS

CITY-ST-ZIP

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Susan Thomas*

Date

**1/14/04**

Daytime Phone #

**561 659-5554**

STAPLE CHECK HERE