

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY SEPTEMBER 8, 2004**

**FILED**  
**Aug 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A92000000039**

1. Entity Name

**THORNTON FAMILY LIMITED PARTNERSHIP**



Principal Place of Business

C/O MARTHA K. THORNTON  
P.O. BOX 326  
LOUISVILLE CO 80027

Mailing Address

C/O MARTHA K. THORNTON  
P.O. BOX 326  
LOUISVILLE CO 80027

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

**59-3150541**

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

**LESTER, BELFORD S III  
175 LOOKOUT PLACE  
SUITE 200  
MAITLAND FL 32751**

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.

**\$1,329,533.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**11. FILE NOW!!! Due by September 8, 2004!**  
**See Block 11 instructions for fee info. If**  
**first notice was not received, check box**  
**and do not include \$400 late fee.** ☒

**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  
CITY - ST - ZIP  
**THORNTON, MARTHA K  
P.O. BOX 326  
LOUISVILLE CO 80027**

STREET ADDRESS  
CITY - ST - ZIP

**U00000170733  
08/23/04-800009-009 526.25**

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STAPLE CHECK HERE

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: *Martha K. Thornton* MARTHA K THORNTON**

**7/30/04**

**7208909566**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #