


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000001519 1. Entity Name THELEN FAMILY PARTNERSHIP, LTD.	
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Principal Place of Business 5393 GULF OF MEXICO DRIVE, 112B LONGBOAT KEY, FL 34228	Mailing Address 5393 GULF OF MEXICO DRIVE, 112B LONGBOAT KEY, FL 34228
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02202004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0552587	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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THELEN, GEORGE 5393 GULF OF MEXICO DRIVE, 112B LONGBOAT KEY, FL 34228	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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>	DATE _____
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9. Capital Contributions as Shown on record \$500,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	L97000000849	STREET ADDRESS	
NAME	THELEN ENTERPRISES, L.C.	CITY-ST-ZIP	
STREET ADDRESS	5393 GULF OF MEXICO DRIVE, 112B		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		
DOCUMENT #		STREET ADDRESS	000000103689
NAME		CITY-ST-ZIP	04/05/04-80066-018 525.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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: 	Managing Partner	3/18/04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>

STAPLE CHECK HERE