

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A94000001640

1. Entity Name
THONSEN FAMILY, LTD.



Principal Place of Business
**C/O MACLEAN AND EMA
2600 NE 14TH STREET CAUSEWAY
POMPANO BEACH, FL 33062**

Mailing Address
**C/O MACLEAN AND EMA
2600 NE 14TH STREET CAUSEWAY
POMPANO BEACH, FL 33062**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01132004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0540478 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

**MACLEAN, LAURA G ESQUIRE
C/O MACLEAN AND EMA
2600 NE 14TH STREET CAUSEWAY
POMPANO BEACH, FL 33062**

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. ... **\$1,512,000.00** 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 #	NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	
DOCUMENT #	RENCHER, ROBERTA L 3275 DRY RUN VIEW LANE CINCINNATI, OH 45244	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	3000027980793
DOCUMENT #		CITY-ST-ZIP	01/30/04--01063--022 ***526.25
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		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: *Roberta L. Rencher GP*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jan 30, 2004 513-272-1741

Date

Daytime Phone #

STAPLE CHECK HERE