



2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
Aug 31, 2007 08:00 AM
Secretary of State

DOCUMENT # A94000001640 1. Entity Name THONSEN FAMILY, LTD.	
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Principal Place of Business C/O MACLEAN AND EMA 2600 NE 14TH STREET CAUSEWAY POMPAÑO BEACH, FL 33062	Mailing Address C/O MACLEAN AND EMA 2600 NE 14TH STREET CAUSEWAY POMPAÑO BEACH, FL 33062
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DO NOT WRITE IN THIS SPACE



07032007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0540478	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCOTT, W THORNTON ESQ.
C/O MACLEAN AND EMA
2600 NE 14TH STREET CAUSEWAY
POMPAÑO BEACH, FL 33062**

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$500.00 Due by September 14, 2007	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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.	

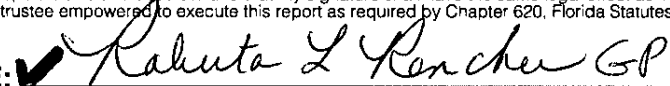
12. GENERAL PARTNER INFORMATION

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	RENCHE, ROBERTA L	3275 DRY RUN VIEW LANE	CINCINNATI, OH 45244
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
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09/31/07-80004-006 500.00

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

SIGNATURE:  **8/24/07** **954-785-1900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Roberta L. Rencher

STAPLE CHECK HERE