

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
Due By May 1, 2005

**DOCUMENT # A95000001827**

1. Entity Name  
**TS PIERCE SC CO., LTD.**



**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**21301 POWERLINE ROAD, #312**  
**BOCA RATON, FL 33433**

Mailing Address  
**P.O. BOX 11229**  
**KNOXVILLE, TN 37939**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

**59-3344432**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CLIFFORD L. WALTERS**  
**802 11TH STREET WEST**  
**BRADENTON, FL 34205**

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.

**\$1,078,000.00**

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 # **P95000090053**  
NAME **TS PIERCE CORP.**  
STREET ADDRESS **21301 POWERLINE ROAD, #312**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

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

**TS Pierce Corp., General Partner**  
**Tillman Thacker**

**2/28/05**  
Date

**865-584-4175**  
Daytime Phone #