

2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004

<b>DOCUMENT # A98000001036</b>	
1. Entity Name N.W. THIRD STREET PARTNERSHIP, LTD.	



FILED

04 JUN 17 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1700 SE 17TH STREET, #300 OCALA, FL 33471	Mailing Address 1700 SE 17TH STREET, #300 OCALA, FL 33471
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04232004 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-3512654

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
BOYD, ROY THAD III 1700 SE 17TH STREET, #300 OCALA, FL 33471	

7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$100,370.85	10. Amount of Capital Contributions in FLORIDA to date. 117,255.95
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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 #	P98000034788	STREET ADDRESS	
NAME	N.W. THIRD STREET PARTNERSHIP, INC.	CITY-ST-ZIP	
STREET ADDRESS	1700 SE 17TH STREET, #300		
CITY-ST-ZIP	OCALA, FL 33471		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE