

2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004

DOCUMENT #A98000001036

1. Entity Name  
N.W. THIRD STREET PARTNERSHIP, LTD.



Principal Place of Business  
1700 SE 17TH STREET, #300  
OCALA, FL 33471

Mailing Address  
1700 SE 17TH STREET, #300  
OCALA, FL 33471

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

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

DATE

9. Capital Contributions  
as Shown on record. \$100,370.85

10. Amount of Capital Contributions  
in FLORIDA to date. 117,255.95

**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  
NAME N.W. THIRD STREET PARTNERSHIP, INC.  
STREET ADDRESS 1700 SE 17TH STREET, #300  
CITY-ST-ZIP OCALA, FL 33471

STREET ADDRESS

CITY-ST-ZIP

7000038047407

06/17/04-01083--021 \*\*647.07

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-28-04

Date

Daytime Phone #

STAPLE CHECK HERE