

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A98000001036

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



FILED

2008 APR -9 PM 12: 38

**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**

1720 SE 16th Ave, #200

1720 SE 16th Ave, #200

DO NOT WRITE IN THIS SPACE

02082008 No Chg-LP

CR2E003 (12/06)

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
1720 SE 16TH AVENUE
BLDG 200
OCALA, FL 34471**

**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

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

2-18-08

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

**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 # **P98000034788**
NAME **N.W. THIRD STREET PARTNERSHIP, INC.**
STREET ADDRESS **1720 SE 16TH AVE BLDG 200**
CITY-ST-ZIP **OCALA, FL 34471**

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**200122042182
04/03/08--01034--013 **500.00**

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2-18-08 352-861-2248

STAPLE CHECK HERE