

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**DOCUMENT # A98000001749**

1. Entity Name

DENNIS B. THOMPSON FAMILY PARTNERSHIP, LTD.



FILED

04 MAY 24 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business

% JAMES V. WALKER & ASSOCIATES  
217 PONTE VEDRA DRIVE, SUITE 200  
PONTE VEDRA BEACH FL 32082

Mailing Address

P.O. BOX 676  
PONTE VEDRA BEACH FL 32004

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3524053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALKER, JAMES V  
217 PONTE VEDRA PARK DRIVE, SUITE 200  
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name

Dennis B. Thompson  
Street Address (P.O. Box Number is Not Acceptable)

6503 RIVER POINT DR.

GREEN COVE SPRINGS FLORIDA

City

FL

Zip Code

32043

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 date if applicable.

DATE

9. Capital Contributions  
as Shown on record

\$2,500,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # P97000070070  
NAME THOMPSON FAMILY PARTNERS, INC.  
STREET ADDRESS 217 PONTE VEDRA PARK DRIVE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

DOCUMENT #  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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CITY-ST-ZIP

100037868361

06/11/04--01010--038 \*\*526.25

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 #

4-13-2004 904571-8380

STAPLE CHECK HERE