

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A99000000420

FILED  
Jan 22, 2005  
Secretary of State

**Entity Name:** THOBURN LIMITED PARTNERSHIP

**Current Principal Place of Business:**

901 N.W. 57TH STREET  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

901 N.W. 57TH STREET  
GAINESVILLE, FL 32605

**New Mailing Address:**

**FEI Number:** 59-3564608

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOVAY, JOHN C  
901 N.W. 57TH STREET  
GAINESVILLE, FL 32605 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Capital Contributions as Shown on record:** 635,172.00

**Amount of Capital Contributions in Florida to date:** 635,172.00

**GENERAL PARTNER INFORMATION:**

Document #:

Name: THOBURN, ROBERT TRUSTEE

Address: 901 N.W. 57TH STREET

City-St-Zip: GAINESVILLE, FL 32605

Document #:

Name: THOBURN, CAROLYN S TRUSTEE

Address: 901 N.W. 57TH STREET

City-St-Zip: GAINESVILLE, FL 32605

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT THOBURN

PRES

01/22/2005

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date