


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
**06 MAR -3 AM 9:49**

<b>DOCUMENT # A99000000420</b> 1. Entity Name THOBURN LIMITED PARTNERSHIP	
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Principal Place of Business 901 N.W. 57TH STREET GAINESVILLE, FL 32605	Mailing Address 901 N.W. 57TH STREET GAINESVILLE, FL 32605
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*[Handwritten signature]*



2. Principal Place of Business 9409 S.W. 47th Lane Suite, Apt. #, etc.	3. Mailing Address 9409 S.W. 47th Lane Suite, Apt. #, etc.
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01252006 Chg-LP CR2E003 (11/05)

City & State Gainesville, FL Zip 32608 Country USA	City & State Gainesville, FL Zip 32608 Country USA
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4. FEI Number 59-3564608	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BOVAY, JOHN C 901 N.W. 57TH STREET GAINESVILLE, FL 32605
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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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 the if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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 #	THOBURN, ROBERT TRUSTEE
NAME	901 N.W. 57TH STREET
STREET ADDRESS	GAINESVILLE, FL 32605
CITY-ST-ZIP	
DOCUMENT #	THOBURN, CAROLYN S TRUSTEE
NAME	901 N.W. 57TH STREET
STREET ADDRESS	GAINESVILLE, FL 32605
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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	
CITY-ST-ZIP	

480062050674  
 03/20/06--01012--012 \*\*500.00

STAPLE CHECK HERE

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: Robert Thoburn Robert Thoburn 2/27/06 352-682-3672  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #