

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A99000000420

**FILED**  
**Mar 07, 2010**  
**Secretary of State**

**Entity Name:** THOBURN LIMITED PARTNERSHIP

**Current Principal Place of Business:**

9409 SW 47TH LANE  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

9409 SW 47TH LANE  
GAINESVILLE, FL 32608

**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

**GENERAL PARTNER INFORMATION:**

Document #:

Name: THOBURN, ROBERT TRUSTEE  
Address: 9409 SW 47TH LANE  
City-St-Zip: GAINESVILLE, FL 32608

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: THOBURN, CAROLYN S TRUSTEE  
Address: 9409 SW 47TH LANE  
City-St-Zip: GAINESVILLE, FL 32608

Address:  
City-St-Zip:

I hereby 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

GP

03/07/2010

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

\_\_\_\_\_  
Date