

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A99000000687**



1. Entity Name
THOMCAT REAL ESTATE LIMITED PARTNERSHIP

Principal Place of Business
9648 KINGSTON PIKE, SUITE 5
KNOXVILLE TN 37922

Mailing Address
P.O. BOX 770129
OCALA FL 34477-0129

2. Principal Place of Business
PO Box 420

Suite, Apt. #, etc.

3. Mailing Address
PO Box 420

Suite, Apt. #, etc.

FILED

03 JUN - 2 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



City & State
Orange Lake, FL

City & State
Orange Lake, FL

Zip
32681

Country
USA

Zip
32681

Country
USA

4. FEI Number **58-2469988**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAY, BECKY THOMAS
4810 S.W. 60TH AVENUE
OCALA FL 34474**

7. Name and Address of New Registered Agent

Name **Becky Thomas Ray**
Street Address (P.O. Box Number is Not Acceptable)
6800 NW 193 Street

City **Orange Lake** FL Zip Code **32681**

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 title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$872,207.00

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

13.

ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**MONTGOMERY, BECKY THOMAS TRUSTEE
4810 S.W. 60TH AVENUE
OCALA FL 34474**

STREET ADDRESS

Po Box 420

CITY-ST-ZIP

Orange Lake, FL 32681

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

**5800 NW 193 Street
06/02/03--01077--010 ***326.25**

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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:

Becky Thomas Ray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

352-591-5621

Date

Daytime Phone #

CF2E003 (10/02)

0016129
AT