

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016129 AT

DOCUMENT # A99000000687

1. Entity Name
THOMCAT REAL ESTATE LIMITED PARTNERSHIP



FILED

03 JUN -2 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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.

DUE BY MAY 1, 2003

City & State
Orange Lake, FL
Zip 32681 Country USA

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Orange Lake, FL
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

DOCUMENT #
NAME MONTGOMERY, BECKY THOMAS TRUSTEE
STREET ADDRESS 4810 S.W. 60TH AVENUE
CITY-ST-ZIP Ocala FL 34474

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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS PO Box 420
CITY-ST-ZIP Orange Lake, FL 32681

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 900020319479
06/02/03--01077--010 **926.25
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

352-591-5621

CR2E003 (10/02)