


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 APR -4 AM 8:16

DOCUMENT # A99000000934			
1. Entity Name THOMPSON FAMILY HOLDINGS, LTD.			
Principal Place of Business 700 WAVE CREST DRIVE, UNIT 103 INDIALANTIC, FL 32903		Mailing Address P.O. BOX 4200 INDIALANTIC, FL 32903	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THOMPSON, S. RONALD 700 WAVE CREST DRIVE, UNIT 103 INDIALANTIC, FL 32903		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>S. Ronald Thompson</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <u>3-4-05</u>	
9. Capital Contributions as Shown on record. \$10,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 #	P99000049978	STREET ADDRESS	
NAME	THOMPSON FAMILY MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	700 WAVE CREST DRIVE, UNIT 103		
CITY-ST-ZIP	INDIALANTIC, FL 32903		
DOCUMENT #		STREET ADDRESS	600050354016
NAME		CITY-ST-ZIP	04/11/05--01021--018 **526.25
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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: <u>S. Ronald Thompson</u>		DATE: <u>3/3/05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	

STAPLE CHECK HERE



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 14, 2005

THOMPSON FAMILY HOLDINGS, LTD.
P.O. BOX 4200
INDIALANTIC, FL 32903

SUBJECT: THOMPSON FAMILY HOLDINGS, LTD.
Ref. Number: A99000000934

We have received your document for THOMPSON FAMILY HOLDINGS, LTD. and check(s) totaling \$526.25. However, your check(s) and document are being returned for the following:

The annual report/uniform business report must be signed by a general partner.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 205A00017192
