


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Mar 16, 2007 08:00 AM
Secretary of State**

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

DO NOT WRITE IN THIS SPACE



02202007 No Chg-LP CR2E003 (12/06)
4. FEI Number: 59-3583039 Applied For: Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THOMPSON, S. RONALD
700 WAVE CREST DRIVE, UNIT 103
INDIALANTIC, FL 32903

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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: *S. Ronald Thompson* DATE: 3-13-07

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 #	P99000049978
NAME	THOMPSON FAMILY MANAGEMENT, INC.
STREET ADDRESS	700 WAVE CREST DRIVE, UNIT 103
CITY- ST- ZIP	INDIALANTIC, FL 32903
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
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CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

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 520, Florida Statutes.
SIGNATURE: *Ronald Thompson* DATE: 3/9/07

STAPLE CHECK HERE