

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A99000002265

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** THOMAS THOMASVILLE FAMILY LIMITED PARTNERSHIP LLLP

**Current Principal Place of Business:**

8644 BRIERWOOD ROAD  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

8644 BRIERWOOD ROAD  
JACKSONVILLE, FL 32217 US

**Current Mailing Address:**

8644 BRIERWOOD ROAD  
JACKSONVILLE, FL 32217

**New Mailing Address:**

8644 BRIERWOOD ROAD  
JACKSONVILLE, FL 32217 US

**FEI Number:** 59-3621541

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMAS, HARRY G JR  
8644 BRIERWOOD ROAD  
JACKSONVILLE, FL 32217 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 #: P99000111645  
Name: THOMAS THOMASVILLE FAMILY ENTERPRISES, INC.  
Address: 8644 BRIERWOOD ROAD  
City-St-Zip: JACKSONVILLE, FL 32217

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip: JACKSONVILLE, FL 32217 US

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: HARRY G. THOMAS, JR.

GP

04/12/2011

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

\_\_\_\_\_  
Date