


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B96000000033</b> 1. Entity Name <b>THORNTON ENTERPRISES LIMITED PARTNERSHIP</b>		
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Principal Place of Business 1216 S.W. 20TH STREET CAPE CORAL FL 33991	Mailing Address 278 BAXTER LANE MILFORD CT 06460
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 62-1148279		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  THORNTON, CHARLES D.W. 1216 S.W. 20TH STREET CAPE CORAL FL 33991		7. Name and Address of New Registered Agent 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.	\$427,600.00	10. Amount of Capital Contributions in FLORIDA to date.	0.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	THORNTON, CHARLES D.W.	STREET ADDRESS	
NAME	1216 S.W. 20TH STREET	CITY-ST-ZIP	
STREET ADDRESS	CAPE CORAL FL 33991		
CITY-ST-ZIP			
DOCUMENT #	ALTIERI, HOLLY T	STREET ADDRESS	U000000145176
NAME	278 BAXTER LANE	CITY-ST-ZIP	05/03/04-80010-010 141.25
STREET ADDRESS	MILFORD CT 06460		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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)(f), 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:** *Holly T Thornton Altieri, General Partner* 4/20/04 203-876-0673  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE