

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 25 AM 10:44

**DOCUMENT # B98000000120**

1. Entity Name

RAYMOND JAMES CAPITAL PARTNERS, L.P.



Principal Place of Business

C/O THE CORPORATION TRUST COMPANY  
1209 ORANGE STREET  
WILMINGTON, DE 19801

Mailing Address

THE RAYMOND JAMES FINANCIAL CENTER  
880 CARILLON PARKWAY  
ST. PETERSBURG, FL 33716



04072008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3492968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, DAVID E JR.  
880 CARILLON PKWY.  
ST. PETERSBURG, FL 33716

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

300125283343  
04/23/08--01005--013 \*\*500.00

**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 # B98000000119  
NAME RJC PARTNERS, L.P.  
STREET ADDRESS 880 CARILLON PKWY/THE RAYMOND JAMES FINANI  
CITY-ST-ZIP ST. PETERSBURG, FL 33716

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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 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

THOMAS A. JAMES

Date

4-7-08

Daytime Phone #

727-567-3800

STATE UNCLE MERE