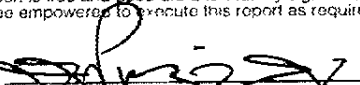


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Jun 14, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000001697					
1. Entity Name TRIPLE CHARM OUTFITTERS, LLLP					
Principal Place of Business 12983 74TH AVENUE SEMINOLE, FL 33776			Mailing Address 12983 74TH AVENUE SEMINOLE, FL 33776		
2. Principal Place of Business			3. Mailing Address		
Suite Apt #, etc			Suite Apt #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04082004 Chg-LP CR2E003 (10/03)	
4. FEI Number 14-1861873				Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PIAZZA, JOHN J JR. 12983 74TH AVENUE SEMINOLE, FL 33776			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 _____ Sign and type or print name of registered agent and file if applicable					
9. Capital Contributions as of 12/31/2003 \$100.00		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 # NAME STREET ADDRESS CITY- ST- ZIP	L02000034344 TRIPLE CHARM MANAGEMENT, LLC 12983 74TH AVENUE SEMINOLE, FL 33776		STREET ADDRESS		
			CITY- ST- ZIP	U00000162591 06/16/04-80001-015 141.25	
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP			STREET ADDRESS		
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			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: 			Date: 4/29/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

STAPLE CHECK HERE