2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

04082004 Chg-LP CR2E003 (10/03)

DOCUMENT # A02000001697

1. Entity Name
TRIPLE CHARM OUTFITTERS, LLLP

Principal Place of Business	Mailing Address
12983 74TH AVENUE SEMINOLE, FL 33776	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

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
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record	$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--01001--015 141.25
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #