


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000001372

1. Entity Name
 TOURTELOT PROPERTIES LIMITED PARTNERSHIP



Principal Place of Business
 C/O MONTA M. TOURELOT
 516 - 55TH AVENUE
 ST. PETERSBURG BEACH, FL 33706

Mailing Address
 C/O MONTA M. TOURELOT
 516 - 55TH AVENUE
 ST. PETERSBURG BEACH, FL 33706

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country



04092004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3264314 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 TOURTELOT, MONTA M
 516 - 55TH AVENUE
 ST. PETERSBURG BEACH, FL 33706

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 **\$468,783.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$468,783.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	G94280900055	STREET ADDRESS	
NAME	TOURTELOT PARTNERSHIP	CITY - ST - ZIP	
STREET ADDRESS	516 - 55TH AVENUE		
CITY - ST - ZIP	ST. PETERSBURG BEACH, FL 33706		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			000000159566
CITY - ST - ZIP			05/10/04-80035-021 526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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: *Monta M. Tourelot, Gen. Part.* **4/29/04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #