2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002288

1. Entity Name
TOUT PRET, LTD.

Principal Place of Business	Mailing Address
% JOHN F. MURRAY 344 SEQUOIA LANE BOCA RAOTN, FL 33487	% JOHN F. MURRAY 344 SEQUOIA LANE BOCA RAOTN, FL 33487

04132004 Chg-LP CR2E003 (10/03)

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 65-0791640 ☐ 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
MURRAY, JOHN F 344 SEQUOIA LANLE BOCA RATON, FL 33487	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 signing registered agent, and date required.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date
$388,850.00	388,850.00

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 #	P96000086713	STREET ADDRESS	
NAME	TOUT PRET, INC.	CITY ST ZIP	
STREET ADDRESS	344 SEQUOIA LANE		
CITY ST ZIP	BOCA RATON, FL 33487		
DOCUMENT #		STREET ADDRESS	100000130358
NAME		CITY ST ZIP	04/27/04-80001-001 526.25
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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: John F Murray 4/14/04 9704934743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — DATE — DAYTIME PHONE #