2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Apr 29, 2004 08:00 AM Secretary of State

| DOCUMENT # A0000001368 1. Entity Name TRENDS B.G.P., LTD. | | | | | S | ecretary of State |
|---|---|--|---|---|--|--|
| Principal Place of Business Mailing Address 11000 NW 92 TERR 11000 NW 92 TERR MIAMI, FL 33178 MIAMI, FL 33178 | | ₹ | | | | |
| 2. Principal Pl | ace of Business | 3. Mailing Address | <u> </u> | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 04232004 Chg-LP | CR2E003 (10/03) |
| City & State | | City & State | | | 4. FEI Number 65-1053202 | Applied For Not Applicable |
| Zip | Country | Zip | Cour | ntry | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | 6. Name and Address of Curre | nt Registered Agent | | Name | 7. Name and Address of New F | Registered Agent |
| SILVER, GARVETT & HENKEL, P.A. 1110 BRICKELL AVE., PH-1 MIAMI, FL 33131 | | | | Streel Address (P.O. Box Number is Not Acceptable) | | |
| | | | | City | | FL Zip Code |
| | named entity submits this statementions of registered agent | for the purpose of changing | g its register | ed office or register | red agent, or both, in the State of Fi | orida. Lam familiar with, and accept |
| SIGNATURE - | Signature, "youd or primed name of registered ag | port and little if applies the | · <u>-</u> . | | | DATE |
| 9. Capital Cor as Shown o | ntributions ez coo co | 10. Amount of C in FLORIDA | | butions | | |
| | NOTE: General Partners ! | AAY NOT be changed o | ENTITY Mon the form | n; an amendmer | TERED AND ACTIVE WITH TH at must be filed to change a g | general partner. |
| 12. | | | | EET ADDRESS | ADURESS CH | IANGES ONLY |
| NAME STREET ADDRESS CHY-ST-ZIP | GRAN TRENDS, INC. 9800 N.W. 78TH AVENUE HIALEAH GARDENS, FL 33016 | | | 4-ST-ZIP | | |
| DOCUMENT # | | | STR | EET ADDRESS | Unna | ກດເຊວວວເ |
| STREET ADDRESS CITY ST-ZIP | | | | r-ST-ZIP | 05/06/0 | 00157251 4-80019-005 141.25 |
| DOCUMENT # NAME | | | STR | EET ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | | | CIT | Y - \$T - 7iP | | |
| DOCUMENT # | | | STR | EET ADORESS | | |
| STREET ADDRESS CITY ST 7/P | | | СІТ | Y-SI-ZIP | | |
| DOCUMENT # | | | | REET ADDRESS | | |
| STREET ADDRESS CITY+ST-ZIP | | | | Y-SI-ZIP | | |
| DOCUMENT # NAME | | | STE | NEET ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | |) | | Y-\$T-ZIP | | |
| 14. I hereby of indicated the receiv | certify that the information supplied of this report is true and accurate a ver or trustee empowered to execute | vith this filing does not quali and that my signature shall h this report as required by C | ty for the exi have the san Chapter 620 | emption stated in Si ne legal effect as if i Florida Statutes | | I further certify that the information ral Partner of the limited partnership or |
| SIGNAT | URE: | <u></u> | | | | 305-277-6227 |
| | SIGNATURE AND TYPE | OR PRINTED NAME OF SIGNING G | ENERAL PARTS | IER | Date | Dayi me Phone # |