Via certified mall Article no. 7003 2260 0007 2071 1361

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A0300000351 1. Entity Name ALL-STATE FABRICATORS LIMITED PARTNERSHIP						2004 MAY 2	_ED 7 PM 4: 46 CORPORATIONS
1316 TECH BOULEVARD 1. TAMPA, FL 33619 TAMPA		Mailing Address 1316 TECH BOULEVAR TAMPA, FL 33619	1316 TECH BOULEVARD			TALLAHAS	SEE, FLORIDA
4							
Principal Place of Business 3. Mailing Address		3. Mailing Address			i	<u> </u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03172004	Chg-LP	CR2E003 (10/03)
City & State		City & State			4. FEI Number	328650	. Applied For Not Applicable
Zip	Country Zip		Count	ry	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
HARVILL, ALAN D				Name Street Address (P.O. Box Number is Not Acceptable)			
\				City		- <u> </u>	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 Signature, typed or preted name of registered agent and title if applicable.							DATE
- 9. Capital Contributions as Shown on record. \$1,000.00 In FLORIDA to date.							
•	A GENERAL PARTNE	R THAT IS A BUSINESS EN					
12.		NER INFORMATION	13.	, an amendine	it must be med	ADDRESS CHA	
DOCUMENT # NAME	P03000024914 ALL-STATE FAB, INC. 1316 TECH BOULEVARD TAMPA, FL 33619		STREE	T ADDRESS		·	
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP	100037839321 06/10/0401008022 **\$26.25		
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	certify that the information surplied on this report is true and accurate ver or trustee empowered to execut	with this filing does not qualify fo and that my signature shall have a this report as required by Char	or the exen the same pter 620, F	nption stated in Se legal effect as if n Torida Statutes	ection 119.07(3)(i) nade under oath;	, Florida Statutes. I that I am a Genera	further certify that the information I Partner of the limited partnership or
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Date Date Date Date Date Date							