2004 LIMITED PARTNERSHIP ANNUAL REPORT
~~Due By~~ **May 1, 2004**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB -9 PM 1:51

DOCUMENT # A03000000937

1. Entity Name
TRAN ENTERPRISES LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
408 COLORADO AVE. LYNN HAVEN, FL 32444	408 COLORADO AVE. LYNN HAVEN, FL 32444

01192004 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 59-3556924 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARE, DIANE C
3003 S. HIGHWAY 77 SUITE A
~~LYNN HAVEN, FL 32444~~

7. Name and Address of New Registered Agent

Name Diane C. Hare CPA
Street Address (P.O. Box Number is Not Acceptable)
2589 Jenks Ave.
City Panama City **FL** Zip Code 32405

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. $146,000.00	10. Amount of Capital Contributions in FLORIDA to date. $146,000.00	11. $535.00 due

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 #	P98000108173	STREET ADDRESS	
NAME	TRAN, INC.		
STREET ADDRESS	408 COLORADO AVE.	CITY-ST-ZIP	
CITY-ST-ZIP	LYNN HAVEN, FL 32444		
DOCUMENT #		STREET ADDRESS	400029303254
NAME			~~02/24/04 01033 025 **535.00~~
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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: Donna L. Tran 2-4-04 850 271-1533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #