


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

|   |   |
|---|---|
| <b>DOCUMENT # A03000001099</b><br>1. Entity Name<br><b>TRISTAR EMPLOYEE LIMITED PARTNERSHIP</b> |  |
|---|---|

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 24 PM 2:36

|  |  |
|--|--|
| Principal Place of Business<br><b>751 PARK OF COMMERCE DR., SUITE 128<br/>BOCA RATON, FL 33487</b> | Mailing Address<br><b>751 PARK OF COMMERCE DR., SUITE 128<br/>BOCA RATON, FL 33487</b> |
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|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State  | City & State                              |
| Zip   | Country                                   |

03032004 Chg-LP CR2E003 (10/03)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>54-2120695</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>COLMAN, NANCY B<br/>150 EAST PALMETTO PARK ROAD<br/>SUITE 750<br/>BOCA RATON, FL 33432</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.

|  |   |
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| 9. Capital Contributions as Shown on record. <b>\$0.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. <b>\$0.00</b> |
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**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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P03000083891<br/>TRISTAR EMPLOYEE, INC.,<br/>751 PARK OF COMMERCE DR., SUITE 128<br/>BOCA RATON, FL 33487</b> | STREET ADDRESS<br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>CITY-ST-ZIP | <b>200032196962<br/>04/08/04--01016--026 **141.25</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>CITY-ST-ZIP |   |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/19/04  
Date

561 750-0910  
Daytime Phone #