


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A03000001706 1. Entity Name TRUCK ROUTE PARTNERS, LTD.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 19 PM 2:14

Principal Place of Business 99 ROYSTER DRIVE CRAWFORDVILLE FL 32327	Mailing Address 99 ROYSTER DRIVE CRAWFORDVILLE FL 32327
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MOORE CR2E003 (11/03)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 20-0557935	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NICHOLS, J. HOWARD 99 ROYSTER DRIVE CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$100,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	NAME	STREET ADDRESS	
STREET ADDRESS	2817 NE 35TH CT	CITY-ST-ZIP	
CITY-ST-ZIP	FT LAUDERDALE FL 33308		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	NICHOLS, J. HOWARD		
CITY-ST-ZIP	99 ROYSTER DRIVE		
	CRAWFORDVILLE FL 32327		
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CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

800035819258
05/10/04-01067-023 **\$26.25

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: 	3/26/04 Date	Daytime Phone #
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE