2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

DOCUMENT # A03000001706

1. Entity Name

TRUCK ROUTE PARTNERS, LTD.

Principal Place of Business	Mailing Address
99 ROYSTER DRIVE CRAWFORDVILLE FL 32327	99 ROYSTER DRIVE CRAWFORDVILLE FL 32327

1ST MOORE   CR2E003 (10/04)

2. Principal Place of Business	3. Mailing Address	4. FEI Number 20-0557935	Applied For
			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State	City & State		
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NICHOLS, J. HOWARD 99 ROYSTER DRIVE CRAWFORDVILLE FL 32327	Name Street Address (P.O. Box Number is Not Acceptable) City 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 printed name of registered agent and title if applicable   DATE

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record.	$100,000.00	10. Amount of Capital Contributions in FLORIDA to date.

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 RAINEY, R. BARTOW STREET ADDRESS 2817 NE 35TH CT CITY-ST-ZIP FT LAUDERDALE FL 33308	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME NICHOLS, J. HOWARD STREET ADDRESS 99 ROYSTER DRIVE CITY-ST-ZIP CRAWFORDVILLE FL 32327	STREET ADDRESS CITY-ST-ZIP
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04/12/05--01010--012 **$26.25

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: _____   3/16/05   5286821
Signature and typed or printed name of signing general partner   Date   Daytime Phone #