

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

FILED

04 APR 27 PM 3:42

U.S. DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

WJH

DOCUMENT # A03000001755

1. Entity Name  
GLOBE TRAILER PERSONAL PROPERTY RENTALS,  
LTD.



Principal Place of Business  
6212 29TH STREET EAST  
BRADENTON, FL 34203

Mailing Address  
6212 29TH STREET EAST  
BRADENTON, FL 34203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242004

Chg-LP

CR2E003 (10/03)

4/27

4. FEI Number

20-0479519

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALTERS, JOHN D III  
6212 29TH STREET EAST  
BRADENTON, FL 34203

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

9. Capital Contributions  
as Shown on record.

\$9,900.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$ 9,900.00

\$ 158.75

**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 # L99000002651  
NAME AMERICAN TORCH TIP COMPANY, L.C.  
STREET ADDRESS 6212 29TH STREET EAST  
CITY-ST-ZIP BRADENTON, FL 34203

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS

CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

X

Date

(941) 753-7557

Daytime Phone #

STAPLE CHECK HERE