2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE:

2005 APR 25 PM 12: 23 **DOCUMENT # A03000001756** 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLORIDA GLOBE TRAILER REAL PROPERTY RENTALS, LTD. Principal Place of Business Mailing Address 6212 29TH STREET EAST 6212 29TH STREET EAST BRADENTON, FL 34203 BRADENTON, FL 34203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 04192005 Chg-LP CR2E003 (10/03) City & State 4. FEI Number Applied For City & State 20-0479661 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALTERS, JOHN D III Street Address (P.O. Box Number is Not Acceptable) 6212 29TH STREET EAST BRADENTON, FL 34203 City Zip Code FL 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. 10. Amount of Capital Contributions 9. Capital Contributions \$9,900.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. L99000002651 DOCUMENT # STREET ADDRESS AMERICAN TORCH TIP COMPANY, L.C. NAME 500054530685 6212 29TH STREET EAST STREET ADDRESS CITY-ST-ZIP 05/13/05--01069--006 **158.75 CITY-ST-ZIP BRADENTON, FL 34203 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS HAME STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHECK NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST- XP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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

FILED

Daytime Phone