


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A16791 1. Entity Name ORLANDO TRANSPORTATION, LTD.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 14 PM 12:58

Principal Place of Business 221 W. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311	Mailing Address P.O. BOX 950 FORT LAUDERDALE, FL 33302-0950
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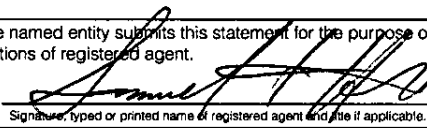


2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01122004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2397891		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROY COLLINS 221 W. OAKLAND PARK BLVD. FT LAUDERDALE, FL 33311		Name Battle, Samuel F.	
		Street Address (P.O. Box Number is Not Acceptable) 221 W Oakland Park Blvd	
		City Fort Lauderdale FL Zip Code 33311	

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  **Samuel F. Battle** DATE **3/31/04**


9. Capital Contributions as Shown on record. **\$1,900.00**

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 #	P94000087437	STREET ADDRESS	
NAME	CAPITAL TRANSPORTATION, INC.	CITY-ST-ZIP	
STREET ADDRESS	221 W. OAKLAND PARK BLVD.		
CITY-ST-ZIP	OAKLAND PARK, FL 33311757		
DOCUMENT #		STREET ADDRESS	400034486654
NAME		CITY-ST-ZIP	04/28/04-01071-014 **141.25
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NAME		CITY-ST-ZIP	
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  **Jesse P. Gaddis** DATE **3/31/04** DAYTIME PHONE **(954) 565-8900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE