FILED

2002 UNIFORM BUSINESS REPORT, (UBR).

A27673

DOCUMENT # A27673 1. Entity Name FOWLER'S TRAILER PARK, LTD.					02 FEB -6 AM 8: 04				
					Principal Place of Business 8200 S.W. 124TH STREET MIAMI FL 33156 Mailing Address 3535 WINDMILL RANCH ROAD FT. LAUDERDALE FL 33331				
2. Principal Place of Business 3. Mailing Address 3. S35 Windmill Ruch Re									
Suite, Apt.			DUE BY MAY 1, 2002						
City & State City & State City & State					4. FEI Number	65-0089857			lied For Applicable
3333	Country Zip Co			itry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Ad	Idress of New Re	glatered.Ag	ent	
TRUPKIN, DENIS 3535 WINDMILL RANCH ROAD FORT LAUDERDALE FL 33331				Street Address (P.O. Box Number is Not Acceptable)					
				8. The above	named entity submits this statement for	or the purpose of changing its	registere	ed office or register	ed agent, or both, i
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.								クス	
9. Capital Contributions as Shown on record. \$100.00 10. Amount of Capital Contributions in FLORIDA to date.					11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS EN AY NOT be changed on the	TITY M	UST BE REGIST ; an amendmen	TERED AND ACT it must be filed t	TIVE WITH THIS o change a gen	OFFICE. eral partn	er.	
12. GENERAL PARTNER INFORMATION 1 DOCUMENT / K51960					ADDRESS CHANGES ONLY				
NAME	TRUP REALTY, INC.		STREE						
STREET ADDRESS CITY-ST-ZIP	3535 WINDMILL RANCH ROAD FT. LAUDERDALE FL 33331		CITY	CITY-ST-ZIP 0000491			917	San	
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Design Phone #									