


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

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A27673</b>	
1. Entity Name <b>FOWLER'S TRAILER PARK, LTD.</b>	

Principal Place of Business <b>3535 WINDMILL RANCH ROAD WESTON FL 33331</b>	Mailing Address <b>3535 WINDMILL RANCH ROAD FT. LAUDERDALE FL 33331</b>
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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



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>65-0089857</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>TRUPKIN, DENIS 3535 WINDMILL RANCH ROAD FORT LAUDERDALE FL 33331</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P O Box Number is Not Acceptable)	
City	
<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
9. Capital Contributions as Shown on record. <b>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date

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

**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	
DOCUMENT #	<b>K51960</b>
NAME	<b>TRUP REALTY, INC.</b>
STREET ADDRESS	<b>3535 WINDMILL RANCH ROAD</b>
CITY, ST, ZIP	<b>FT. LAUDERDALE FL 33331</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY, ST, ZIP	
STREET ADDRESS	
CITY, ST, ZIP	
STREET ADDRESS	
CITY, ST, ZIP	
STREET ADDRESS	
CITY, ST, ZIP	
STREET ADDRESS	
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:** *Denis R. Trupkin* **Denise R. Trupkin** 1-1805 388-4313  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STATE CHECK HERE