

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 JUN 30 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK



DOCUMENT # A95000000200					
1. Entity Name TRAILS ASSOCIATES LIMITED PARTNERSHIP					
Principal Place of Business 2 GILLON ST., SUITE A CHARLESTON, SC 29401			Mailing Address 2 GILLON ST., SUITE A CHARLESTON, SC 29401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3289032	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
B & C CORPORATE SERVICES OF CENT. FLA., INC 309 N. ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801			Name Craig A. Minegar, Esq.		
			Street Address (P.O. Box Number is Not Acceptable) 250 Park Avenue South		
			City Winter Park Zip Code FL 32790-0880		
			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 <i>[Signature]</i> DATE 6/24/04		
9. Capital Contributions as Shown on record. \$99.00		10. Amount of Capital Contributions in FLORIDA to date. \$99.00		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 #	F93000004313		STREET ADDRESS	700038663847 07/02/04--01084--001 **141.25	
NAME	HPI PARTNERS III, INC.		CITY-ST-ZIP		
STREET ADDRESS	2 GILLON ST., SUITE A				
CITY-ST-ZIP	CHARLESTON, SC 29401				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
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: <i>[Signature]</i>			Date 6/25/04 Daytime Phone # 843.853.6311		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE