

**2004 LIMITED PARTNERSHIP ANNUAL REPORT****Due By May 1, 2004****FILED****Jan 12, 2004 08:00 AM  
Secretary of State****DOCUMENT # A98000000742**

1. Entity Name

TRUM LIMITED PARTNERSHIP



Principal Place of Business

303 VAUGHN ST  
FORT WALTON BEACH, FL 32548

Mailing Address

303 VAUGHN ST  
FORT WALTON BEACH, FL 32548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

01082004

Chg-LP

CR2E003 (10/03)

4. FEI Number

52-2088040

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**TRUM, ALEX JR  
303 VAUGHN ST  
FORT WALTON BEACH, FL 32548**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
as Shown on record.**\$1,000,000.00**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 #

NAME

STREET ADDRESS

CITY-ST-ZIP

TRUM, ALEX JR  
303 VAUGHN ST  
FORT WALTON BEACH, FL 32548

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

TRUM, DONNA  
303 VAUGHN ST  
FORT WALTON BEACH, FL 32548

STREET ADDRESS

CITY-ST-ZIP

00000003342  
01/13/04-80051-009 526.25

DOCUMENT #

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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)(f), 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

ALEX D TRUM JR

Date

Daytime Phone #

1/9/04

850-862-6064

STAPLE CHECK HERE