


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 JAN 21 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000000680		
1. Entity Name TRAUTMAN INVESTMENTS, LTD.		

Principal Place of Business 5895 S.W. 52ND STREET OCALA, FL 34474	Mailing Address 5895 S.W. 52ND STREET OCALA, FL 34474
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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



01102004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3574788	Applied For 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	
TRAUTMAN, ALICE M 5895 S.W. 52ND STREET OCALA, FL 34474		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$5,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	
	TRAUTMAN, ALICE M		
STREET ADDRESS	5895 S.W. 52ND STREET	CITY-ST-ZIP	
CITY-ST-ZIP	OCALA, FL 34474		
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CITY-ST-ZIP			

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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: Alice M Trautman ALICE TRAUTMAN 1-10-04(352)854-1112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE/CHECK HERE