


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

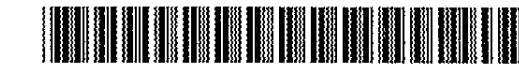
FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000000884	
1. Entity Name AMERICAN TORCH TIP, LTD.	

Principal Place of Business 6212 29TH STREET EAST BRADENTON, FL 34203	Mailing Address 6212 29TH STREET EAST BRADENTON, FL 34203
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



03242004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent	
WALTERS, JOHN D III 6212 29TH STREET EAST BRADENTON, FL 34203	

4. FEI Number 59-3584305	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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.

9. Capital Contributions as Shown on record. \$1,263,819.24	10. Amount of Capital Contributions in FLORIDA to date. 489,573.00	11. DATE 05/03/04
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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 #	L99000002651	STREET ADDRESS	
NAME	AMERICAN TORCH TIP COMPANY, L.C.	CITY-ST-ZIP	
STREET ADDRESS	6212 29TH STREET EAST		
CITY-ST-ZIP	BRADENTON, FL 34203		
DOCUMENT #		STREET ADDRESS	1100000147012
NAME		CITY-ST-ZIP	05/03/04-80088-020 526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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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: John D. Walters X Date 05/03/04 Daytime Phone # (941) 753-7557

STAPLE CHECK HERE