

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 19 AM 10:40



DOCUMENT # A99000002059			
1. Entity Name TROUP MANAGEMENT GROUP LIMITED, LLP*****			
Principal Place of Business 420 THE CIRCLE LONGWOOD, FL 32779		Mailing Address 420 THE CIRCLE LONGWOOD, FL 32779	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TROUP, PAUL V JR. 420 THE CIRCLE LONGWOOD, FL 32779		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 <i>Paul V. Troup, Jr.</i>		DATE <i>4-12-04</i>	
9. Capital Contributions as Shown on record. \$3,000,000.00		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 #	L99000008600	STREET ADDRESS	
NAME	TROUP MANAGEMENT, LLC	CITY-ST-ZIP	
STREET ADDRESS	420 THE CIRCLE		
CITY-ST-ZIP	LONGWOOD, FL 32779		
DOCUMENT #		STREET ADDRESS	200033404682
NAME		CITY-ST-ZIP	04/21/04 01010 002 #526.25
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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)(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>Paul V. Troup, Jr.</i>		DATE <i>4-12-04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



03232004 Chg-LP CR2E003 (10/03)

4. FEI Number **59-3614411** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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