


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

|  |  |   |
|--|--|---|
| DOCUMENT # B00000000252                                  |  |  |
| 1. Entity Name<br>REFRIGERATED TRANSPORT EXPRESS I, L.P. |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>3819 TOWNE CROSSING BLVD., SUITE 100<br>MESQUITE, TX 75150 | Mailing Address<br>3819 TOWNE CROSSING BLVD., SUITE 100<br>MESQUITE, TX 75150 |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



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|   |  |  |
|---|--|--|
| 4. FEI Number<br>75-2655981                               |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | \$8.75 Additional Fee Required                         |

|  |  |  |          |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 |  | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|   |   |
|---|---|
| 9. Capital Contributions as Shown on record. \$1,500.00 | 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 #                      | M00000001683                         | STREET ADDRESS           |  |
| NAME                            | TI SUB GP, LLC                       | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | 3819 TOWNE CROSSING BLVD., SUITE 100 |                          |  |
| CITY-ST-ZIP                     | MESQUITE, TX 75150                   |                          |  |
| 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                     |                                      |                          |  |

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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: Jean Biediger V.P. 3/24/05 772-228-7350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE