## 2004 Limited Partnership Annual Report Due By May 1, 2004

## FILED Apr 26, 2004 08:00 AM— Secretary of State

DOCUMENT # B0200000067  1. Entity Name QUALITY TRAILER PRODUCTS, LP							Secretary of State				
Principal Place of Business 1015 WEST ST. GERMAIN, SUITE 420 ST. CLOUD, MN 56301  Mailing Address 1015 WEST ST. GERMAIN ST. CLOUD, MN 56301						E 420	[ (###  ##    ##	· <b></b>			
Principal Place of Business     3. Mailing Address											
Suite, Apt #, etc.				Suite, Apt. #, etc.			02102004	Chg-LP	CR2E00	3 (10/03)	
City & State				City & State		4. FEI Number 01-0551			Applied For Not Applicable		
Zip	Zip Country		Z	Zip Cour		try	5. Certificate of Status Desired S8.75 Additional Fee Required				
Name and Address of Current Registered Agent     Name								Address of New F	legistered Ac	gent	
DECLUE, TOBY 5181 U.S. 441 NORTH						Street Address (P.O. Box Number is Not Acceptable)					
OCALA, FL 34475											
						City	City FL Zip Coc				
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 agont and side if applicable DATE											
9. Capital Con- as Shown or	tributions	\$152.31		10. Amount of Capit in FLORIDA to d		outions					
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.								ADDRESS CH	ANGES ONLY		
NAME				ITE 420		ET ADDRESS					
City-ST-ZIP ST. CLOUD, MN 56301				12 <b>420</b>		-ST-ZIP			. <u></u>		
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STREET ADDRESS CITY-ST-ZIP				<u></u>	L	-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: Ball Corprinted NAME OF SIGNING GENERAL PARTNER PRINTED DONG