

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 24 AM 9:11

DOCUMENT # B02000000067 1. Entity Name QUALITY TRAILER PRODUCTS, LP					
Principal Place of Business 1015 WEST ST. GERMAIN, SUITE 420 ST. CLOUD, MN 56301			Mailing Address 1015 WEST ST. GERMAIN, SUITE 420 ST. CLOUD, MN 56301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0551827	
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		
DECLUE, TOBY 5181 U.S. 441 NORTH OCALA, FL 34475			Name <u>ET Corporation System</u> Street Address (P.O. Box Number is Not Acceptable) <u>1200 South Pine Island Road</u> City <u>Plantation</u> <u>FL</u> Zip Code <u>33324</u>		
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 <u>Michele Miller</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/7/06</u>		
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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 #	F00000003875		STREET ADDRESS		
NAME	POLAR CORPORATION		CITY-ST-ZIP		
STREET ADDRESS	1015 WEST ST. GERMAIN, SUITE 420				
CITY-ST-ZIP	ST. CLOUD, MN 56301				
DOCUMENT #			STREET ADDRESS		
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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 exemptions contained in Chapter 119, 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: <u>Donald Stover</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			DATE <u>4/12/06</u> <u>320-746-3403</u> <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE