
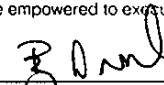


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # B04000000384					
1. Entity Name KTTI OPERATIONS THOUSAND TRAILS, LIMITED PARTNERSHIP					
Principal Place of Business 3801 PARKWOOD BOULEVARD, SUITE 100 FRISCO, TX 75034			Mailing Address P.O. BOX 2529 FRISCO, TX 75034		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: inline-block; width: 100px; text-align: right;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,425,000		\$526.25 + \$1,750.00	
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 # NAME STREET ADDRESS CITY - ST - ZIP	M04000004839 TRAILS GP, LLC 3801 PARKWOOD BLVD., SUITE 100 FRISCO, TX 75034		STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP	900054491959 05/13/05--01016--003 **2276.25	
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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:  Bryan D. Reed, VPO of Trails GP, LLC 4/28/05 214-187-2000					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

FILED

2005 MAY 13 P 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042005 Chg-LP CR2E003 (10/03)

4. FEI Number 41-2146903

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

STAPLE CHECK HERE

\$526.25