


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # B95000000299	
1. Entity Name TRUSSWAY, LTD.	

Principal Place of Business 9411 ALCORN HOUSTON, TX 77093	Mailing Address POST OFFICE BOX 111577 HOUSTON, TX 77293
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01282004 Chg-LP CR2E003 (10/03)

4. FEI Number 84-1316292	<input type="checkbox"/> Applied For <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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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
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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 use if applicable

9. Capital Contributions as Shown on record. \$148.50	10. Amount of Capital Contributions in FLORIDA to date.
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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 # F95000004017	NAME TRUSSWAY PARTNERS, INC.	STREET ADDRESS	
STREET ADDRESS 511 16TH ST., STE. 600	CITY- ST- ZIP DENVER, CO 80202	CITY- ST- ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS	CITY- ST- ZIP	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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

DAVID TIGHE CFO

3/26/04 713-691-6900
 Date Daytime Phone #

STAPLE CHECK HERE