2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR -1 AM 10:00

DOCUMENT # A03000001048

1. Entity Name
CAPITAL PLAZA PARTNERS, LTD.

Principal Place of Business	Mailing Address
1018 THOMASVILLE ROAD, SUITE 200-A TALLAHASSEE, FL 32303	1018 THOMASVILLE ROAD, SUITE 200-A TALLAHASSEE, FL 32303

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

02122004 Chg-LP CR2E003 (10/03)

4. FEI Number 20-0155511 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MURRAY, E. EDWARD JR. 1018 THOMASVILLE ROAD, SUITE 200-A TALLAHASSEE, FL 32303	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 ________ Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	$1,800,000.00	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 #	L03000026896	STREET ADDRESS	
NAME	TALCOR PROPERTIES, LLC		
STREET ADDRESS	1018 THOMASVILLE ROAD, SUITE 200-A	CITY-ST-ZIP	200032741622 04/14/04--01042--002 **526.25
CITY-ST-ZIP	TALLAHASSEE, FL 32303		
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STAPLE CHECK HERE

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: ________ 3/19/04 850-224-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #