


2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED
05 APR 27 PM 6:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000001048 1. Entity Name CAPITAL PLAZA PARTNERS, LTD.					
Principal Place of Business 1018 THOMASVILLE ROAD, SUITE 200-A TALLAHASSEE, FL 32303			Mailing Address 1018 THOMASVILLE ROAD, SUITE 200-A TALLAHASSEE, FL 32303		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04182005 Chg-LP CR2E003 (10/03)	
4. FEI Number 20-0155511				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURRAY, E. EDWARD JR. 1018 THOMASVILLE ROAD, SUITE 200-A TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. \$1,800,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,800,000.00			
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 #	L03000026896		STREET ADDRESS	900054531899	
NAME	TALCOR PROPERTIES, LLC		CITY-ST-ZIP	05/13/05--01069--018 **\$26.25	
STREET ADDRESS	1018 THOMASVILLE ROAD, SUITE 200-A		STREET ADDRESS	900054531899	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	05/13/05--01069--019 **\$8.75	
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STREET ADDRESS			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: <i>Richard D. Schuman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: 4/15/05 Daytime Phone #: 850-224-2300		

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