


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**May 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A03000001048</b> 1. Entity Name <b>CAPITAL PLAZA PARTNERS, LTD.</b>	
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Principal Place of Business <b>1018 THOMASVILLE ROAD, SUITE 200-A TALLAHASSEE, FL 32303</b>	Mailing Address <b>1018 THOMASVILLE ROAD, SUITE 200-A TALLAHASSEE, FL 32303</b>
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**DO NOT WRITE IN THIS SPACE**



04022007 No Chg-LP

CR2E003 (12/06)

4. FEI Number <b>20-0155511</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MURRAY, E. EDWARD JR. 1018 THOMASVILLE ROAD, SUITE 200-A TALLAHASSEE, FL 32303</b>
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**DO NOT WRITE IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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	
DOCUMENT #	<b>L03000026896</b>
NAME	<b>TALCOR PROPERTIES, LLC</b>
STREET ADDRESS	<b>1018 THOMASVILLE ROAD, SUITE 200-A</b>
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32303</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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05/30/07-80023-003 500.00

**DO NOT WRITE IN THIS SPACE**

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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date _____	Daytime Phone # _____
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