
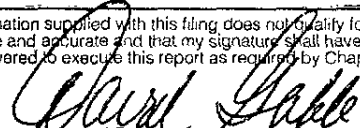


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # A17144</b><br>1. Entity Name<br><b>TAFT PLAZA, LTD.</b>  |  |  |   |   |  |
| Principal Place of Business<br><b>6460 TAFT STREET, APT 118<br/>         HOLLYWOOD, FL 33024</b>   |  |  | Mailing Address<br><b>6460 TAFT STREET, APT 118<br/>         HOLLYWOOD, FL 33024</b>  |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br>Suite, Apt. #, etc.              |   |  |  |
| City & State   |  | City & State   |   |  |  |
| Zip  | Country  | Zip  | Country   | 4. FEI Number<br><b>59-2407984</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |   | \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GABLE, MICHAEL P.<br/>         4000 HOLLYWOOD BLVD<br/>         SUITE 735 SOUTH<br/>         HOLLYWOOD, FL 33021-6744</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____<br><small>Signature, typed or printed name of registered agent and date if applicable.</small>  |  |  |   |  |  |
| 9. Capital Contributions as Shown on record. <b>\$2,428,393.00</b>   |  | 10. Amount of Capital Contributions in FLORIDA to date |   |  |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |  |  |   |  |  |
| <b>12. GENERAL PARTNER INFORMATION</b>   |  |  | <b>13. ADDRESS CHANGES ONLY</b>   |  |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>GABLE, DAVID<br/>         6460 TAFT ST., APT 118<br/>         HOLLYWOOD, FL 33024</b> |  | STREET ADDRESS<br>CITY - ST - ZIP   | <div style="border: 1px solid black; padding: 5px; text-align: center;">             000000267617<br/>             03/18/05-90009-015 \$26.25           </div> |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>GABLE, JANET<br/>         6460 TAFT ST., APT 118<br/>         HOLLYWOOD, FL 33024</b> |  | STREET ADDRESS<br>CITY - ST - ZIP   |  |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |  | STREET ADDRESS<br>CITY - ST - ZIP   |  |  |
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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. |  |  |   |  |  |
| <b>SIGNATURE:</b>   |  |  | 1/21/2005 954-966-9013  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>  |  |  |   |  |  |

STAPLE CHECK HERE