

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

DOCUMENT # A17144

1. Entity Name
TAFT PLAZA, LTD.



Principal Place of Business: **6460 TAFT STREET, APT 118
 HOLLYWOOD, FL 33024**

Mailing Address: **6460 TAFT STREET, APT 118
 HOLLYWOOD, FL 33024**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country



01212005 Chg-LP CR2E003 (10/03)

4. FEI Number: **59-2407984**

Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GABLE, MICHAEL P.
 4000 HOLLYWOOD BLVD
 SUITE 735 SOUTH
 HOLLYWOOD, FL 33021-6744**

7. Name and Address of New Registered Agent

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: _____ DATE: _____

Signature, typed or printed name of registered agent and date if applicable.

9. Capital Contributions: as Shown on record: **\$2,428,393.00**

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 # _____

NAME: **GABLE, DAVID**

STREET ADDRESS: **6460 TAFT ST., APT 118**

CITY - ST - ZIP: **HOLLYWOOD, FL 33024**

STREET ADDRESS: _____

CITY - ST - ZIP: _____

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 03/18/05-80009-015 \$26.25

DOCUMENT # _____

NAME: **GABLE, JANET**

STREET ADDRESS: **6460 TAFT ST., APT 118**

CITY - ST - ZIP: **HOLLYWOOD, FL 33024**

STREET ADDRESS: _____

CITY - ST - ZIP: _____

DOCUMENT # _____

NAME: _____

STREET ADDRESS: _____

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NAME: _____

STREET ADDRESS: _____

CITY - ST - ZIP: _____

STREET ADDRESS: _____

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: *David Gable* **1/21/2005 954-966-9013**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE