


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # A21978 1. Entity Name TSL GULF PLAZA EXECUTIVE ASSOCIATES, LTD.					
Principal Place of Business 5516 RIVER ROAD NEW PORT RICHEY FL 34652			Mailing Address 5516 RIVER ROAD NEW PORT RICHEY FL 34652		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 58-1656476 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				MOORE CR2E003 (11/03)	
6. Name and Address of Current Registered Agent STIVE, MALCOLM H. 5516 RIVER ROAD NEW PORT RICHEY FL 34652				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 _____ <small>Signature typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$225,000.00		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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 #	G91571		STREET ADDRESS		
NAME	TSL DEVELOPMENT OF FLA ✓		CITY- ST- ZIP		
STREET ADDRESS	5516 RIVER ROAD				
CITY- ST- ZIP	NEW PORT RICHEY FL				
DOCUMENT #			STREET ADDRESS		
NAME	LAWN, MICHAEL		CITY- ST- ZIP		
STREET ADDRESS	5516 RIVER ROAD				
CITY- ST- ZIP	NEW PORT RICHEY FL				
DOCUMENT #			STREET ADDRESS		
NAME	STIVE, MALCOLM H.		CITY- ST- ZIP		
STREET ADDRESS	5516 RIVER ROAD				
CITY- ST- ZIP	NEW PORT RICHEY FL				
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			1/27/04 727 845-4000 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE