2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A98000001537

1. Entity Name
CLEVELAND PLAZA, LTD.

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

Principal Place of Business	Mailing Address
1213 CLEVELAND STREET CLEARWATER, FL 33755	1213 CLEVELAND STREET CLEARWATER, FL 33755

03032005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3518352 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILKINS, MARK H 1213 CLEVELAND ST. CLEARWATER, FL 33755	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 title if applicable

9. Capital Contributions as Shown on record	$352,950.00	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 #	P98000054597	STREET ADDRESS	
NAME	WILKINS CORP.	CITY-ST-ZIP	
STREET ADDRESS	2778 QUAIL HOLLOW ROAD WEST		
CITY-ST-ZIP	CLEARWATER, FL 33761		
DOCUMENT #	P98000054589	STREET ADDRESS	U00000267628
NAME	VOGEL CORP.	CITY-ST-ZIP	03/18/05-80003-018 526.25
STREET ADDRESS	2209 RIVERVIEW BLVD. WEST		
CITY-ST-ZIP	BRADENTON, FL 34205		
DOCUMENT #	P95000022389	STREET ADDRESS	
NAME	CONPROP OF TAMPA, INC.	CITY-ST-ZIP	
STREET ADDRESS	6807 BLUFFS BLVD.		
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
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NAME		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.

WILKINS, CORP.

SIGNATURE: Mark H. Wilkins Mark Wilkins, President 3/1/05 (727) 447-7330
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #