

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014091 AT

DOCUMENT # A98000001537



FILED

03 APR 16 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
CLEVELAND PLAZA, LTD.

Principal Place of Business
**1213 CLEVELAND STREET
CLEARWATER FL 33755**

Mailing Address
**1213 CLEVELAND STREET
CLEARWATER FL 33755**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **59-3518352**

Applied For
Not Applicable

Zip

Country

Zip

Country

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.

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	
DOCUMENT #	P98000054597
NAME	WILKINS CORP.
STREET ADDRESS	2778 QUAIL HOLLOW ROAD WEST
CITY-ST-ZIP	CLEARWATER FL 33761
DOCUMENT #	P98000054589
NAME	VOGEL CORP.
STREET ADDRESS	2209 RIVERVIEW BLVD. WEST
CITY-ST-ZIP	BRADENTON FL 34205
DOCUMENT #	P95000022389
NAME	CONPROP OF TAMPA, INC.
STREET ADDRESS	6807 BLUFFS BLVD.
CITY-ST-ZIP	TEMPLE TERRACE FL 33617
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	900016088859 04/16/03--01008--027 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<i>[Signature]</i>
CITY-ST-ZIP	
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: WILKINS CORP. BY MARK H. WILKINS **4/7/03** **(727) 447-7330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STATE OF FLORIDA