


FILED

Apr 22, 2005 8:00 am
Secretary of State**2005 LIMITED PARTNERSHIP ANNUAL REPORT**
Due By May 1, 2005

DOCUMENT # A00000001153			
1. Entity Name LAUREL PLACE, LTD.			
Principal Place of Business 15436 NORTH FLORIDA AVE., SUITE 101 TAMPA, FL 33613		Mailing Address 15436 NORTH FLORIDA AVE., SUITE 101 TAMPA, FL 33613	
2. Principal Place of Business 2908 Bay to Bay Blvd. Suite, Apt. #, etc. Suite 200 City & State Tampa FL Zip 33629 Country USA		3. Mailing Address 2908 Bay to Bay Blvd. Suite, Apt. #, etc. Suite 200 City & State Tampa FL Zip 33629 Country USA	
02232005		Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3660939		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MYERS, W. PARKINSON 15436 NORTH FLORIDA AVE., SUITE 101 TAMPA, FL 33613		7. Name and Address of New Registered Agent Name Arcis Investments, Inc. Street Address (P.O. Box Number is Not Acceptable) 2908 Bay to Bay Blvd. Suite 200 City Tampa FL Zip Code 33629	
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 <i>Kimberly Shewalt</i> DATE 4/18/05			
9. Capital Contributions as Shown on record. \$2,200,000.00		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 STREET ADDRESS CITY - ST - ZIP	L00000008640 LAUREL PLACE GP, LLC 15436 NORTH FLORIDA AVE., SUITE 101 TAMPA, FL 33613	STREET ADDRESS CITY - ST - ZIP	2908 Bay to Bay Blvd. Suite 200 Tampa FL 33629
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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. SIGNATURE: <i>Kimberly Shewalt</i> DATE 4/18/05 813805-2110			

STAPLE CHECK HERE