2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

HIM & KELLLY
BIODIATURE AND TYPES OF PRINTED HAVE SIGNING DENERAL PARTNER
TIM & KELLEY

FILED
May 01, 2006 08:00 AM
Secretary of State

			, Secretary of State
1. Entity Nam	MENT # A0000001674 Ÿ PLAZA, LTD.		
Principal Place of Business Mailing Address			}
500 SOUTH	FLORIDA AVE., SUITE 700 P.O. BOX 5252		<u> </u>
LAKELAND, F			\
			t tenten jen belit belit belit entli belit detti detti detti bile bili belit bili belit bili belit bili belit
		_	
}			
Į		CE -	01122006 No Chg-LP CR2E003 (11/05)
r	O NOT WRITE IN THIS SPA		4. FEI Number Applied For
			59-3679560 Not Applicable
			5. Certificate of Status Desired Fee Required
 	6. Name and Address of Current Registered Agent	-}	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1) ANNOENCE T	}	DO NOT WOITE
MAXWELL, LAWRENCE T 500 SOUTH FLORIDA AVE., SUITE 700		{	DO NOT WRITE
LAKELAND, FL 33801		{	W 72110 0040F
, Directio, (C dood)			IN THIS SPACE
}		}	
		<u> </u>	
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 Signature, typed or printed name of registered agent and title if applicable.			
FILE NOWIII FEE 13 \$500.00 After May 1, 2006, Fee will be \$900.00			
<u>`````````````````````````````````````</u>			
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 /	P29845		
NAME	A & M BUSINESS PROPERTIES, INC.		
STREET ADDRESS	500 SOUTH FLORIDA AVE., SUITE 700		•
CITY-ST-ZIP	LAKELAND, FL 33801		
}	DARECHIO, PC 33001		i
DOCUMENT #			ህን/ንስረክ ርርር ፈር-ፕሮ
NAME			U00000554630 05/16/06-80001-018 508.75
STREET ADDRESS			02/10/00-20001-019 202.(2
CITY-ST-ZIP			
DOCUMENT#			
NAME			DO NOT WOITE
STREET ADDRESS			DO NOT WRITE
CITY-ST-ZIP			IN THE COACE
DOCUMENT#			IN THIS SPACE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			
NAME AND SEEL AND SEES			•
STATES ADDRESS			
Q1. 51 21P	}.		!
DOCUMENT .			!
NAME	j i		
STREET ADDRESS			
CITY-ST-ZIP	į		
1	certify that the information supplied with this filling does not qualify for the	vemations contains	d in Chapter 119. Florida Statutes, I further certify that the information
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			