


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

|  |                                   |         |   |   |  |
|--|-----------------------------------|---------|---|---|--|
| <b>DOCUMENT # A01000001284</b><br>1. Entity Name<br><b>PARK PLAZA I LIMITED PARTNERSHIP</b>  |                                   |         |   |                                  |  |
| Principal Place of Business<br><b>50 COCOANUT ROW<br/>         PALM BEACH, FL 33480</b>  |                                   |         | Mailing Address<br><b>P.O. BOX 11<br/>         PALM BEACH, FL 33480</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |                                   |         | 3. Mailing Address<br>Suite, Apt. #, etc.                               |   |  |
| City & State   |                                   |         | City & State  |   |  |
| Zip  |                                   | Country |   | Zip   |  |
| Country  |                                   | Country |   | 4. FEI Number<br><b>65-0345360</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                   |         |   | Applied For<br>Not Applicable   |  |
| 5. Name and Address of Current Registered Agent<br><b>SPIEGEL, ROBERT I<br/>         50 COCOANUT ROW<br/>         PALM BEACH, FL 33480</b>   |                                   |         |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |                                   |         |   | FL Zip Code   |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |                                   |         |   |   |  |
| 9. Capital Contributions as Shown on record. <b>\$2,535,821.00</b>   |                                   |         | 10. Amount of Capital Contributions in FLORIDA to date.                 |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |                                   |         |   |   |  |
| <b>12. GENERAL PARTNER INFORMATION</b>   |                                   |         | <b>13. ADDRESS CHANGES ONLY</b>   |   |  |
| DOCUMENT #   | P18372                            |         | STREET ADDRESS  |   |  |
| NAME   | SSIL, INC.                        |         | CITY-ST-ZIP   |   |  |
| STREET ADDRESS   | 132 SHEPPARD AVE. WEST, SUITE 200 |         | CITY-ST-ZIP   | 000000366819  |  |
| CITY-ST-ZIP  | NORTH YORK, ONT., CANADA          |         | CITY-ST-ZIP   | 05/16/05-80007-021 526.25   |  |
| DOCUMENT #   |                                   |         | STREET ADDRESS  |   |  |
| NAME   |                                   |         | CITY-ST-ZIP   |   |  |
| STREET ADDRESS   |                                   |         | CITY-ST-ZIP   |   |  |
| CITY-ST-ZIP  |                                   |         | CITY-ST-ZIP   |   |  |
| DOCUMENT #   |                                   |         | STREET ADDRESS  |   |  |
| NAME   |                                   |         | CITY-ST-ZIP   |   |  |
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| CITY-ST-ZIP  |                                   |         | CITY-ST-ZIP   |   |  |
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| STREET ADDRESS   |                                   |         | CITY-ST-ZIP   |   |  |
| CITY-ST-ZIP  |                                   |         | 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)(f), 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. |                                   |         |   |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>   |                                   |         | Date _____ Daytime Phone # _____  |   |  |

STAPLE CHECK HERE