

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000001333

1. Entity Name
 JTM CORPORATE PLAZA, LTD.



Principal Place of Business Mailing Address
~~587 PARK STREET~~ 331 5th Ave. S. ~~587 PARK STREET~~ 331 5th Ave S.
 NAPLES, FL 34102 NAPLES, FL 34102



2. Principal Place of Business		3. Mailing Address		02032005	Chg-LP	CR2E003 (10/03)
Suite, Apt. #, etc		Suite, Apt. #, etc		4. FEI Number	Applied For	
City & State		City & State		85-1140440	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MAGOCS, JOHN 993 8TH STREET SO. NAPLES, FL 34102		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. \$100,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P98000093285	STREET ADDRESS	
NAME	JTM MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	587 PARK STREET 331 5th Ave.S.		
CITY-ST-ZIP	NAPLES, FL 34102		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			

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STAPLE CHECK HERE

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

SIGNATURE: *John J. Magocs*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/05

Daytime Phone #