

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

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000000957</b>					
<b>1. Entity Name</b> ANCHOR-KEENE PLAZA, LTD.					
<b>Principal Place of Business</b> 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33813			<b>Mailing Address</b> 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33813		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____		04192005    Chg-LP    CR2E003 (10/03)	
City & State _____		City & State _____		<b>4. FEI Number</b> 74-3051724	
Zip _____		Zip _____		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
AIRTH, H. ADAM JR. 500 SOUTH FLORIDA AVENUE, SUITE 800 LAKELAND, FL 33813			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>					
<b>9. Capital Contributions</b> as Shown on record. <b>\$780,000.00</b>			<b>10. Amount of Capital Contributions</b> in FLORIDA to date. _____		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <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>		
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP	P02000077055 KEENE PLAZA MANAGEMENT, INC. 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33813		STREET ADDRESS CITY - ST - ZIP	_____ _____ 000000365755 05/11/05-80015-002 535.00	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____		STREET ADDRESS CITY - ST - ZIP	_____ _____	
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<b>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>					
<b>SIGNATURE:</b> <i>Kim S Kelley</i>			4/27/05    863-647-1581 Date    Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF FILING GENERAL PARTNER <i>Kim S Kelley</i>					

STAPLE CHECK HERE