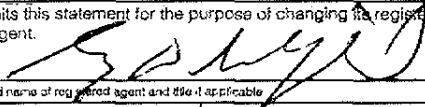
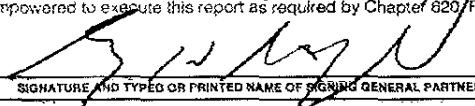


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000001563					
1. Entity Name BUTLER POINTE PLAZA, LTD.					
Principal Place of Business 4141 SOUTHPPOINT DRIVE EAST STE. B JACKSONVILLE, FL 32216			Mailing Address 4141 SOUTHPPOINT DRIVE EAST STE. B JACKSONVILLE, FL 32216		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 01-0754263				Applied For <input type="checkbox"/> Not Applicable	
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	
SILVERFIELD, GARY 4141 SOUTHPPOINT DRIVE EAST STE. B JACKSONVILLE, FL 32216				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 _____					
9. Capital Contributions as Shown on record. \$1,000,000.00					
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		
STREET ADDRESS	4141 SOUTHPPOINT DRIVE EAST STE. B		CITY-ST-ZIP		
CITY-ST-ZIP	JACKSONVILLE, FL 32216				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
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CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			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)(n), 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:  DATE _____ Daytime Phone # _____					



02172004 Chg-LP CR2E003 (10/03)

STAPLE CHECK HERE

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