

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A02818

1. Entity Name
SYLVAN PLAZA, LTD.



FILED

04 MAY -3 PM 6:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
380 S. SR 434
SUITE 1004-#114
ALTAMONTE SPRINGS, FL 32714

Mailing Address
380 S. SR 434
SUITE 1004-#114
ALTAMONTE SPRINGS, FL 32714



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292004

Chg-LP

CR2E003 (10/03)

4. FEI Number
59-1509079

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRAKE, T. MICHAEL
380 S. SR 434 STE 1004-#114
ALTAMONTE SPRINGS, FL 32714

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$36,450.00**

10. Amount of Capital Contributions
in FLORIDA to date. **36,450**

TOTAL FEE =
\$343.90

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 **DRAKE, T. MICHAEL**
STREET ADDRESS **380 S. SR 434 STE 1004-#114**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **412002**
STREET ADDRESS **MCCAMMON, INC.**
CITY-ST-ZIP **234 RIVER VILLAGE DR.**
DEBARY, FL 32713

STREET ADDRESS

CITY-ST-ZIP

900036931339
05/19/04 01049 016 **343.90

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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)(i), 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: T. MICHAEL DRAKE, G.P. **4/29/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

407-682-7678

STAPLE CHECK HERE