

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

FILED

2005 APR 26 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A02818</b>	
1. Entity Name <b>SYLVAN PLAZA, LTD.</b>	

Principal Place of Business <b>380 S. SR 434 SUITE 1004-#114 ALTAMONTE SPRINGS, FL 32714</b>	Mailing Address <b>380 S. SR 434 SUITE 1004-#114 ALTAMONTE SPRINGS, FL 32714</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02172005 Chg-LP CR2E003 (10/03)

4. FEI Number <b>59-1509079</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>DRAKE, T. MICHAEL 380 S. SR 434 STE 1004-#114 ALTAMONTE SPRINGS, FL 32714</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> 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 true if applicable.

9. Capital Contributions as Shown on record. <b>\$36,450.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>36,450</b>	<b>343.90</b>
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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 #		STREET ADDRESS	
NAME	<b>DRAKE, T. MICHAEL</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>380 S. SR 434 STE 1004-#114</b>		
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL 32714</b>		
DOCUMENT #	<b>412002</b>	STREET ADDRESS	
NAME	<b>MCCAMMON, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>234 RIVER VILLAGE DR.</b>		
CITY-ST-ZIP	<b>DEBARY, FL 32713</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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05/13/05--01004--022 \*\*343.90**

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)(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* **T. MICHAEL DRAKE** 3/15/05 **407-682-2078**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #