


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED  
May 10, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # A03000001048</b> 1. Entity Name CAPITAL PLAZA PARTNERS, LTD.	
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Principal Place of Business 1018 THOMASVILLE ROAD, SUITE 200-A TALLAHASSEE, FL 32303	Mailing Address 1018 THOMASVILLE ROAD, SUITE 200-A TALLAHASSEE, FL 32303
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**DO NOT WRITE IN THIS SPACE**



04022007 No Chg-LP	CR2E003 (12/06)
4. FEI Number 20-0155511	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  MURRAY, E. EDWARD JR. 1018 THOMASVILLE ROAD, SUITE 200-A TALLAHASSEE, FL 32303
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**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	
DOCUMENT #	L03000026896
NAME	TALCOR PROPERTIES, LLC
STREET ADDRESS	1018 THOMASVILLE ROAD, SUITE 200-A
CITY-ST-ZIP	TALLAHASSEE, FL 32303
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

1100000763663  
05/30/07-80023-003 500.00

STAPLE CHECK HERE

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date _____	Daytime Phone # _____
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