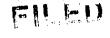
## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

## Sandra Mortham



96 DEC 19 PH 2: 32

SECRETARY DE STALL

1997	DIVISION OF	iry of State CORPORATION:		TALLAHASSEE. FLURIDA		
1. Name of Limited Partnership	1a. A03077	/IENT#	1 1841811 1841 8848 1844 88411			
NDUSTRY PLAZA (LTD.)				- I TROUGH TRU DHOD WHY DOWN YOUR HAN DHOU DHAN DHAN DHAN DHAN DHAN DHAN DHAN DHAN		
				0	If 12/27	
Mailing Address  3834 ALAMANDA DRIVE  SARASOTA FL 34238  Principal Office Address  3834 ALAMANDA DRIVE  SARASOTA FL 34238  SARASOTA FL 34238			3. Date Formed or Registered 08/22/1972	5a. Capital Contributions as Shown on record. \$202,000.00  5b. Amount of Capital Contributions in FLORIDA to date		
OMNADUIN FL ORESO	SAMPOUTA LE ANSWE					
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For Not Applicable		
City & State	City & State	•			\$8.75 Additional Fee Required	
Zip Country	Zip	Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)		
Q Name and Aridress of Cur	rreni Registered Agent		10. If changed, new Register	red Agent/Office		
9. Name and Address of Current Registered Agent MYERS, TROY H., JR. 200 SOUTH WASHINGTON BLVD. SARASOTA FL		Name				
		Street Address (P.O. Box Number Is Not Acceptable)				
		Suite, Apt. #, etc.				
		City - Zip Code				
10a. Pursuant to the provisions of sections 620 105 for the purpose of changing its registered office agent. I am familiar with, and accept the obliging	e or registered agent, or both, in the State of	amed limited partne Florida. Such chan	ige was authorized by its <b>g</b> eneral partner(s). Th	ereby accept the a	da, submits this statement appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THA		LIMITED	DADTNEDSHID OD OTH		JESS ENTITY	
A GENERAL PARTNER IN	JST BE REGISTERED A	ND ACTIV	/E WITH THIS OFFICE.	ER BUSII	ALOG LIVIIII	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office	neral Partner e Box Numbers)	11b. City, State & Zip Code	11c.	Registration/ Document Number	
THOMPSON, SHELDON	3834 ALAMANDA DR		SARASOTA FL 34238			
• • •			<u> </u>	20421	L <u>5</u> 53	
•			ー12/3 米米米米	179601 578.25	056017 ****576.25	
Note: General partners MAY N	NOT be changed on this fo	rm; an am	endment must be filed to c	hange a ge	eneral partner.	

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of I do hereby certry that the information supplied with this filing is voluntarily turnished and does not quality for the exemption stated in section 119 07(3)(x), Filinda Statutes. Therease the United Statutes are considered and the state of the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this fegort as required by chapter 64). Florida Statutes.

SIGNATURE Sheldon Thompson

Typed or Printed Name of General Partner Signing Form SHELDON THOMPSON