


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

FILED
96 DEC 19 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership INDUSTRY PLAZA (LTD.)		1a. DOCUMENT # A03077	
Mailing Address 3834 ALAMANDA DRIVE SARASOTA FL 34238		Principal Office Address 3834 ALAMANDA DRIVE SARASOTA FL 34238	
2. Mailing Address	2a. Principal Office Address	3. Date Formed or Registered 08/22/1972	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report 12/12/1995	
City & State	City & State	4. State or Country of Formation FL	
Zip	Country	6. FEI Number 59-1424802 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	



12/27

9. Name and Address of Current Registered Agent MYERS, TROY H., JR. 200 SOUTH WASHINGTON BLVD. SARASOTA FL		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code
		FL	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
THOMPSON, SHELDON	3834 ALAMANDA DR.	SARASOTA FL 34238	500002042155--3 -12/31/96--01056--017 ****578.25 ****576.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general 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 Corporations from any liability of non-compliance with Section 119.07(3)(k) in 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 report as required by chapter 680, Florida Statutes.

SIGNATURE

Sheldon Thompson

DATE

12-16-96

Typed or Printed Name of General Partner Signing Form

SHELDON THOMPSON

Daytime Telephone Number

941-923-3164

CR2E003 (6/96)