

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**DOCUMENT # A04000000139**

1. Entity Name  
**TOURIST PLAZA, LIMITED PARTNERSHIP**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 JUL 18 PM 3:38

Principal Place of Business  
 7582 WEST SAND LAKE ROAD  
 ORLANDO, FL 32819

Mailing Address  
 7582 WEST SAND LAKE ROAD  
 ORLANDO, FL 32819

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07112007

Chg-LP

CR2E003 (12/06)

4. FEI Number

59-3044005

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S.,  
 the limited partnership did not receive the  
 prior notice.

**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 # K74925  
 NAME MAALI ENTERPRISES, INC.  
 STREET ADDRESS 7582 WEST SAND LAKE ROAD  
 CITY-ST-ZIP ORLANDO, FL 32819

STREET ADDRESS

CITY-ST-ZIP

200106489782  
 07/20/07--01033--013 \*\*500.00

DOCUMENT # L03000056131  
 NAME AMERICAN TOURIST PLAZA, LLC  
 STREET ADDRESS 7500 COMMERCE CENTER DRIVE  
 CITY-ST-ZIP ORLANDO, FL 32819

STREET ADDRESS

CITY-ST-ZIP

BLT

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*Bassel Maali* 7/13/07 407-345-9200

STAPLE CHECK HERE