

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

CO# GL# **FILED** AMOUNT
Apr 25, 2006 08:00 AM
20 **1** **Secretary of State**

DOCUMENT # A04000000529	
1. Entity Name FIDELITY PLAZA LIMITED, A FLORIDA LIMITED PARTNERSHIP	
Principal Place of Business 631 US HWY 1 STE 406 NORTH PALM BEACH, FL 33408	Mailing Address 631 US HWY 1 STE 406 NORTH PALM BEACH, FL 33408



APPROVAL **Chk** TOTAL **500.00**
DATE



04042006 No Chg-LP CR2E003 (11/05)

4. FEI Number 20-0943331	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MACKEY, WALTER J JR. 631 US HWY 1 STE 406 NORTH PALM BEACH, FL 33408	DO NOT WRITE IN THIS SPACE
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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 title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 #	P04000055172
NAME	FIDELITY PLAZA DEVELOPMENT, INC.
STREET ADDRESS	631 US HWY 1, STE 406
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
DOCUMENT #	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

05/06/06-80105-015 500.00

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

SIGNATURE **Edward S. Williams** **Secretary G.P.** Date **4/24/06** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE