

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A06000000871

**Entity Name:** SKY PLAZA, LTD.

**FILED**  
**Aug 28, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

18851 NE 29 AVENUE  
SUITE 900  
AVENTURA, FL 33180

**New Principal Place of Business:**

1986 NE 149TH STREET  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

18851 NE 29 AVENUE  
SUITE 900  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 20-5213100      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ROUSSO, MARK E ESQ.  
18851 NE 29 AVENUE  
SUITE 900  
AVENTURA, FL 33180 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #: P06000092786  
Name: SKY PLAZA, INC.  
Address: 18851 NE 29 AVENUE, SUITE 900  
City-St-Zip: AVENTURA, FL 33180

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SKY PLAZA, INC.

GP

08/28/2008

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date