

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -1 AM 10: 58

DOCUMENT # A06159

1. Entity Name
SUGAR PLUM PROPERTIES ASSOCIATES, LTD.



Principal Place of Business
1213 HODGES DRIVE, SUITE B
TALLAHASSEE, FL 32308

Mailing Address
P.O. BOX 15884
TALLAHASSEE, FL 32317

2. Principal Place of Business
825 LAKE RIDGE DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222005

Chg-LP

CR2E003 (10/03)

City & State
TALLAHASSEE, FL

City & State

4. FEI Number
59-1824538

Applied For
Not Applicable

Zip
32308

Country
USA

Zip

Country

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

HARVEY, CHARLES B
1213 HODGES DRIVE, SUITE B
TALLAHASSEE, FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)
825 LAKE RIDGE DR.

City
TALLAHASSEE

FL Zip Code
32308

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

9. Capital Contributions
as Shown on record. \$737,896.98

10. Amount of Capital Contributions
in FLORIDA to date.

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP

HARVEY, CHARLES B
825 LAKE RIDGE DRIVE
TALLAHASSEE, FL 32312

STREET ADDRESS
CITY-ST-ZIP

600050092526
04/07/05--01004--016 **526.25

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

STAPLE CHECK HERE