


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A06249</b>			
1. Entity Name TOWNSHIP PLAZA ASSOCIATES, LTD.			
Principal Place of Business P.O. BOX 51367 JACKSONVILLE BEACH FL 32240-1367		Mailing Address P.O. BOX 51367 JACKSONVILLE BEACH FL 32240-1367	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 59-1984221		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LEITMAN, ALVIN A. 1624 STRAND STREET NEPTUNE BEACH FL 32266		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record. \$5.00		10. Amount of Capital Contributions in FLORIDA to date.	

**11. FILE NOW!!! Due by May 1, 2005.**  
See Block 11 instructions for fee info.

**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 #	LEITMAN, BRENDA	STREET ADDRESS	
NAME	1624 STRAND STREET	CITY - ST - ZIP	
STREET ADDRESS	NEPTUNE BEACH FL 32266		
CITY - ST - ZIP			
DOCUMENT #	LEITMAN, ALVIN	STREET ADDRESS	
NAME	1624 STRAND STREET	CITY - ST - ZIP	
STREET ADDRESS	NEPTUNE BEACH FL 32266		
CITY - ST - ZIP			
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CITY - ST - ZIP			

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

*Alvin Leitman*  
**ALVIN LEITMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/27/2005 (904) 249 9070  
Date Daytime Phone 4

STAPLE CHECK HERE