

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY SEPTEMBER 3, 2008**

**DOCUMENT # A06249**

1. Entity Name

TOWNSHIP PLAZA ASSOCIATES, LTD.



**FILED**  
**Aug 04, 2008 08:00 AM**  
**Secretary of State**

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 - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E003 (4/08)

4. FEI Number

59-1984221

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

LEITMAN, ALVIN A.  
1624 STRAND STREET  
NEPTUNE BEACH FL 32266

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

*Alvin A. Leitman*

DATE

Signature, typed or printed name of registered agent and fee if applicable.

S.607 193(2)(b). F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00.

☐

**File Now!!! Fee is \$900.00 • Due By September 3, 2008**

**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  
LEITMAN, BRENDA  
1624 STRAND STREET  
NEPTUNE BEACH FL 32266

STREET ADDRESS

CITY- ST- ZIP

U000000957034  
08/04/08-80007-002 900.00

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 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:

*Alvin A. Leitman*

6/15/2008 (904) 349 4020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

DocTime Phone #

STAPLE CHECK HERE