


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # A11097 1. Entity Name LA PLACE ASSOCIATES, LIMITED	
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Principal Place of Business 21301 POWERLINE RD., STE. 312 BOCA RATON, FL 33433	Mailing Address P.O. BOX 11229 KNOXVILLE, TN 37939
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02202004 Chg-LP CR2E003 (10/03)

4. FEI Number 58-1452750	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLIFFORD L. WALTERS 802 11TH STREET WEST BRADENTON, FL 34205	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

9. Capital Contributions as Shown on record. \$1,584,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	G66829	STREET ADDRESS	
NAME	TAMNOR CORPORATION	CITY- ST- ZIP	
STREET ADDRESS	60 E. 42ND ST. 53RD FL		
CITY- ST- ZIP	NEW YORK, NY 10165		
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
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CITY- ST- ZIP			

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 04/13/04-80025-025 526.25

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: Thomas Schwartz, President February 23 2004 (865) 584-4175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE