


Due By May 1, 2005

FILED

Apr 18, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # A11097</b>					
1. Entity Name LA PLACE ASSOCIATES, LIMITED					
Principal Place of Business 21301 POWERLINE RD., STE. 312 BOCA RATON, FL 33433			Mailing Address P.O. BOX 11229 KNOXVILLE, TN 37939		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,584,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
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				
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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Tamnor Corporation, General Partner

Date

Daytime Phone #