


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

<b>DOCUMENT # A14417</b> 1. Entity Name <b>VERSAILLES SHOPPING PLAZA, LTD.</b>	
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 APR -5 AM 10:43



MOORE CR2E003 (11/03)

Principal Place of Business C/O LUIS E. ALONSO 552 SANTIAGO AVENUE ORLANDO FL 32807	Mailing Address C/O LUIS E. ALONSO 552 SANTIAGO AVENUE ORLANDO FL 32807
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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

4. FEI Number <b>59-2421183</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>ALONSO, LUIS</b> <b>552 SANTIAGO AVE.</b> <b>ORLANDO FL 32807</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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.	<b>\$38,228.88</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>38,228.88</b>
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11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE  
 SEE REVERSE SIDE FOR FEE INFORMATION

**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	
NAME	ALONSO, LUIS E.	CITY-ST-ZIP	
STREET ADDRESS	552 SANTIAGO AVENUE		
CITY-ST-ZIP	ORLANDO FL		
DOCUMENT #	NAME	STREET ADDRESS	
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CITY-ST-ZIP			
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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:** Luis E. Alonso **4/1/04** **407-2713723**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE