

**LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

MENT # A17103



TSL PLAZA ONE ASSOCIATES, LTD.

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**



Principal Place of Business <b>5516 RIVER ROAD NEW PORT RICHEY FL 34652</b>		Mailing Address <b>5516 RIVER ROAD NEW PORT RICHEY FL 34652</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent  <b>SLIVE, MALCOM H 5516 RIVER RD. NEW PORT RICHEY FL 34652</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	
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.			

1st MOORE

CR2E003 (10/05)

4. FEI Number

**59-2408469**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

SIGNATURE

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

DATE

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	G91571	STREET ADDRESS	
NAME	TSL DEVELOPMENT OF FLA.	CITY - ST - ZIP	1100000443323 03/06/06-80001-023 500.00
STREET ADDRESS	5516 RIVER ROAD	STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME	LAWN, MICHAEL	CITY - ST - ZIP	
STREET ADDRESS	5516 RIVER ROAD	STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME	SLIVE, MALCOLM H.	CITY - ST - ZIP	
STREET ADDRESS	5516 RIVER ROAD	STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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:

*Malcolm Slive* 2/2/06 727 845-4000

STAPLE CHECK HERE