
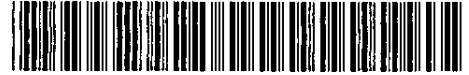


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A17103</b> 1. Entity Name: TSL PLAZA ONE ASSOCIATES, LTD.	
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Principal Place of Business 5516 RIVER ROAD NEW PORT RICHEY FL 34652	Mailing Address 5516 RIVER ROAD NEW PORT RICHEY FL 34652
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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

1st MOORE CR2E003 (10/07)

4. FEI Number 59-2408469	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SLIVE, MALCOM H 5516 RIVER RD. NEW PORT RICHEY FL 34652	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and date of application

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, 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	
STREET ADDRESS	5516 RIVER ROAD		
CITY-ST-ZIP	NEW PORT RICHEY FL		
DOCUMENT #		STREET ADDRESS	
NAME	LAWN, MICHAEL	CITY-ST-ZIP	
STREET ADDRESS	5516 RIVER ROAD		
CITY-ST-ZIP	NEW PORT RICHEY FL		
DOCUMENT #		STREET ADDRESS	
NAME	SLIVE, MALCOLM H.	CITY-ST-ZIP	
STREET ADDRESS	5516 RIVER ROAD		
CITY-ST-ZIP	NEW PORT RICHEY FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

4000000878893  
04/14/08-80074-005 500.00

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:**  **3/24/08** **727 845-4000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE