


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A17675		
1. Entity Name FORT LAUDERDALE BUSINESS PLAZA ASSOCIATES, LTD.		

Principal Place of Business 2005 W. CYPRESS CREEK RD. SUITE 202 FORT LAUDERDALE, FL 33309	Mailing Address 2005 W. CYPRESS CREEK RD. SUITE 202 FORT LAUDERDALE, FL 33309
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt #, etc.	Suite, Apt #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04192004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2534853	Applied For <input type="checkbox"/> 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	7. Name and Address of New Registered Agent
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BUTTERS, SAMUEL 2005 W. CYPRESS CREEK ROAD, SUITE 202 FORT LAUDERDALE, FL 33309	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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9. Capital Contributions as Shown on record. \$100.00	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 #	H16269	STREET ADDRESS	
NAME	FT. LAUDERDALE BUSINESS PLAZA DEV., INC.	CITY - ST - ZIP	
STREET ADDRESS	2005 WEST CYPRESS CREEK ROAD		
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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CITY - ST - ZIP			

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05/03/04-80010-008 141.25

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: 	DATE: Apr 21/04	DAYTIME PHONE #: 954-771-5036 x201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

STAPLE CHECK HERE