2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 23 AM 8:56

DOCUMENT # A17675

1. Entity Name
FORT LAUDERDALE BUSINESS PLAZA ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
2005 W. CYPRESS CREEK RD. SUITE 202 FORT LAUDERDALE, FL 33309	2005 W. CYPRESS CREEK RD. SUITE 202 FORT LAUDERDALE, FL 33309

04082005 Chg-LP CR2E003 (10/03)

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 59-2534853 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUTTERS, SAMUEL 2005 W. CYPRESS CREEK ROAD, SUITE 202 FORT LAUDERDALE, FL 33309	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 title if applicable.

9. Capital Contributions as Shown on record. $100.00

10. Amount of Capital Contributions in FLORIDA to date.

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.		
STREET ADDRESS	2005 WEST CYPRESS CREEK ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		
DOCUMENT #		STREET ADDRESS	500054262705
NAME			05/11/05--01015--003 **250.00
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	500054262705
NAME			06/17/05--01040--019 **41.25
STREET ADDRESS		CITY-ST-ZIP	
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: S Butters — 4-27-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #