

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
May 11, 2007 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**



05102007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

**BUTTERS, SAMUEL
2005 W. CYPRESS CREEK ROAD, SUITE 202
FORT LAUDERDALE, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

DATE _____

**FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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

DOCUMENT # **H16269**
NAME **FT. LAUDERDALE BUSINESS PLAZA DEV., INC.**
STREET ADDRESS **2005 WEST CYPRESS CREEK ROAD**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

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U000000763647
05/30/07-80021-003 500.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

5/11/07

954-771-5056 x206

STAPLE CHECK HERE