



2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 19 AM 9:38

DOCUMENT # A18892 1. Entity Name PALMS PLAZA PARTNERS, LTD.					
Principal Place of Business 601 MAGNOLIA AVENUE TAMPA, FL 33602 US			Mailing Address 601 MAGNOLIA AVENUE TAMPA, FL 33602		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO BOX 10187			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State TAMPA, FLA			
Zip	Country	Zip 33679-0187	Country USA		
4. FEI Number 01042007 Chg-LP CR2E003 (12/06) 59-2496463				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MENDEZ, CHARLES F JR. 601 MAGNOLIA AVENUE TAMPA, FL 33602			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 _____ 300085839473 <small>Signature, typed or printed name of registered agent and title if applicable.</small> 01/23/07 01017-063 \$500.00					
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00					
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 #	P98000077287		STREET ADDRESS		
NAME	PALMS PLAZA, INC.		CITY-ST-ZIP		
STREET ADDRESS	601 MAGNOLIA AVENUE				
CITY-ST-ZIP	TAMPA, FL 33602				
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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: <u>Charles Mendez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: <u>1/15/07</u> (813) 286-8445 <small>Daytime Phone #</small>		

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