

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Jun 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A19137**

1. Entity Name  
**PHILLIPS PLACE, LTD.**



Principal Place of Business  
**7575 DR. PHILLIPS BLVD.  
 SUITE 210 PHILLIPS PLACE  
 ORLANDO, FL 32819**

Mailing Address  
**7575 DR. PHILLIPS BLVD.  
 SUITE 210 PHILLIPS PLACE  
 ORLANDO, FL 32819**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

**59-2534695**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LYNCH, J CRAIG  
 7575 DR. PHILLIPS BLVD.  
 SUITE 210 PHILLIPS PLACE  
 ORLANDO, FL 32819**

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

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

DATE

9. Capital Contributions  
 as Shown on record. **\$95.00**

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 # **P98000027381**  
 NAME **PHILLIPS PLACE GP, INC.**  
 STREET ADDRESS **7575 DR. PHILLIPS BLVD., SUITE 210**  
 CITY-ST-ZIP **ORLANDO, FL 32819**

STREET ADDRESS

CITY-ST-ZIP

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**1100000369461  
 06/10/05-80011-002 150.00**

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

**Karatt Lynch**

**3/14/05**

**407.345.800**

**President of  
 Phillips Place S.P. Inc.**

STAPLE CHECK HERE