

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**FILED**

97 JAN -6 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten initials*



LIMITED PARTNERSHIP ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>1. Name of Limited Partnership</b>  1245 PLAZA PARTNERS, LIMITED	<b>1a. DOCUMENT #</b> <b>A21129</b>
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<b>Mailing Address</b> 1245 WEST FAIRBANKS AVE. SUITE 390 WINTER PARK FL 32789	<b>Principal Office Address</b> 1245 WEST FAIRBANKS AVENUE SUITE 500 WINTER PARK FL 32789	<b>3. Date Formed or Registered</b> 10/31/1985	<b>5a. Capital Contributions as Shown on record.</b> \$250,000.00
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>	<b>3a. Date of Last Report</b> 01/02/1996	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>
Suite, Apt. #, etc. City & State Zip Country	Suite, Apt. #, etc. City & State Zip Country	<b>4. State or Country of Formation</b> FL	
		<b>6. FEI Number</b> 59-2626537	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>			

<b>9. Name and Address of Current Registered Agent</b> GRIGSBY, RONALD P. 1245 W. FAIRBANKS AVE. SUITE 500 WINTER PARK FL 32789
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<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Accepted) Suite, Apt. #, etc. City	800002060928--7 01/16/97--01102--003 *****576.25 *****576.25 FL Zip Code
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**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
GRIGSBY, WILLIAM R.	7200 S.W. 196TH TERR	OKEECHOBEE FL	

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE W.R. Grigsby partner DATE 12-30-96

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

CR2E003 (6/96)