

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 22 AM 9:51

mtu
12/24

1. Name of Limited Partnership

1a. DOCUMENT #
A21632

LITTLE ROAD PLAZA, LTD.

Mailing Address

Principal Office Address

1421 COURT STREET
SUITE A
CLEARWATER FL 04016-

1421 COURT STREET
SUITE A
CLEARWATER FL 04016-

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country
33756

Zip Country
33756

3. Date Formed or Registered

12/24/1985

3a. Date of Last Report

12/13/1996

4. State or Country of Formation

FL

6. FEI Number

59-2614958

7. Certificate of Status Desired

☐ Applied For
☒ Not Applicable

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as
Shown on record.

\$71,632.00

5b. Amount of Capital
Contributions in FLORIDA
to date

71,632.00

\$8.75 Additional
Fee Required

9. Name and Address of Current Registered Agent

MITCHELL, DAVID S.
1421 COURT ST.
SUITE A
CLEARWATER FL 04016- 33756

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL Zip Code
33756

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

COPENHAVER, ROGER D.

1713 Lake Heron Drive
~~16754 WIMBLEDON CIR~~

LUTZ FL 33549

MITCHELL, DAVID S.

2151 CAMDEN WAY

CLEARWATER FL 04021-33761

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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 form 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 effect 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 section 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

David S. Mitchell, Partner

Daytime Telephone Number

813 446-7123

CR2E003 (6/97)