FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999

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

DIVISION OF CORPORATIONS
99 JAN -6 AM 11:25

1. Name of Limited Partnership

1a. DOCUMENT # A21632

LITTLE ROAD PLAZA, LTD.

Mailing Address	Principal Office Address
1421 COURT STREET SUITE A CLEARWATER FL 34616	1421 COURT STREET SUITE A CLEARWATER FL 34616

2. Mailing Address
Suite, Apt. #, etc. 2151 CAMDEN WAY
C/O DAVID S MITCHELL
City & State CLEARWATER, FL
Zip 33759 Country

2a. Principal Office Address
Suite, Apt. #, etc. 2151 CAMDEN WAY
C/O DAVID S MITCHELL
City & State CLEARWATER, FL
Zip 33759 Country

3. Date Formed or Registered
12/24/1985

3a. Date of Last Report
12/22/1997

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record
$71,632.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number
59-2614958
☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

9. Name and Address of Current Registered Agent

MITCHELL, DAVID S.
1421 COURT ST.
SUITE A
CLEARWATER FL 34616

10. If changed, new Registered Agent/Office

Name MITCHELL, DAVID S.
Street Address (P.O. Box Number Is Not Acceptable) 2151 CAMDEN WAY
Suite, Apt. #, etc.
City CLEARWATER FL Zip Code 33759

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	LUTZ FL 33549	
MITCHELL, DAVID S.	2151 CAMDEN WAY	CLEARWATER FL 33761	

CR2E003 (8/98)

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that this information 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 chapter 620, Florida Statutes.

SIGNATURE David S Mitchell GP DATE 12/11/98

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