

2000 UNIFORM BUSINESS REPORT (UBR)

2010119 AI

DOCUMENT # A21632
 1. Entity Name
LITTLE ROAD PLAZA, LTD.

FILED
00 MAR 16 PM 3: 16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
 2151 CAMDEN WAY 2151 CAMDEN WAY
 % DAVID S MITCHELL % DAVID S MITCHELL
 CLEARWATER FL 33759 CLEARWATER FL 33759-1024

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number **59-2614958** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MITCHELL, DAVID S.
2151 CAMDEN WAY
CLEARWATER FL 33759

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$71,632.00** 10. Amount of Capital Contributions in FLORIDA to date.
 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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

DOCUMENT #	
NAME	COPENHAVER, ROGER D.
STREET ADDRESS	1710 LAKE HERON DRIVE
CITY - ST - ZIP	LUTZ FL 33549
DOCUMENT #	
NAME	MITCHELL, DAVID S.
STREET ADDRESS	2151 CAMDEN WAY
CITY - ST - ZIP	CLEARWATER FL 33761
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	6230 SOARING AVE
CITY - ST - ZIP	TEMPLE TERRACE, FL 33617
STREET ADDRESS	6000002193326--4
CITY - ST - ZIP	-04/03/00--01093--008
	****150.00 ****150.00
STREET ADDRESS	SV
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

CR2E003 (9/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *David S. Mitchell* Date 3/13/00 Daytime Phone # _____