

# 2000 UNIFORM BUSINESS REPORT (UBR)

2010119 AI

<b>DOCUMENT # A21632</b>			
1. Entity Name <b>LITTLE ROAD PLAZA, LTD.</b>			
Principal Place of Business <b>2151 CAMDEN WAY % DAVID S MITCHELL CLEARWATER FL 33759</b>		Mailing Address <b>2151 CAMDEN WAY % DAVID S MITCHELL CLEARWATER FL 33759-1024</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>MITCHELL, DAVID S. 2151 CAMDEN WAY CLEARWATER FL 33759</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

**FILED**  
**00 MAR 16 PM 3: 16**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2614958</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE
9. Capital Contributions as Shown on record. <b>\$71,632.00</b>	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>COPENHAVER, ROGER D.</b>	STREET ADDRESS	<b>6230 SOARING AVE</b>
NAME	<b>1710 LAKE HERON DRIVE</b>	CITY - ST - ZIP	<b>TEMPLE TERRACE, FL 33617</b>
STREET ADDRESS	<b>LUTZ FL 33549</b>	STREET ADDRESS	<b>6000002123326--4</b>
CITY - ST - ZIP		CITY - ST - ZIP	<b>-04/03/00--01033--008</b>
DOCUMENT #	<b>MITCHELL, DAVID S.</b>	STREET ADDRESS	<b>****150.00 ****150.00</b>
NAME	<b>2151 CAMDEN WAY</b>	CITY - ST - ZIP	<b>SV</b>
STREET ADDRESS	<b>CLEARWATER FL 33761</b>	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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)(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: <b>DAVID S MITCHELL GP</b>	Date <b>3/13/00</b>	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

CR2E003 (9/99)