

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

APPROVED  
AND  
FILED

04 APR -9 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



Principal Place of Business: 2481 JOHNNND CT. PALM HARBOR FL 34865  
 Mailing Address: 2481 JOHNNND CT. PALM HARBOR FL 34865

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



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent  
 MITCHELL, DAVID S.  
~~2481 JOHNNND CT.~~ 2481 JOHNNND CT.  
 PALM HARBOR FL 34865

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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: \_\_\_\_\_ 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 FL. 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 #	COPENHAVER, ROGER D.	STREET ADDRESS	
NAME	6230 SOARING AVE	CITY-ST-ZIP	
STREET ADDRESS	TEMPLE TERRACE FL 33617		
CITY-ST-ZIP			
DOCUMENT #	MITCHELL, DAVID S.	STREET ADDRESS	900033181039
NAME	2481 JOHNNND CT.	CITY-ST-ZIP	04/20/04--01070--013 **526.25
STREET ADDRESS	PALM HARBOR FL 34865		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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* DAVID S MITCHELL  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
 Date: 4/6/04  
 Daytime Phone #: 127-784-3883