

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # A21632 1. Entity Name LITTLE ROAD PLAZA, LTD.					
Principal Place of Business 2481 JOHNN D. CT. PALM HARBOR, FL 34865			Mailing Address 2481 JOHNN D. 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		Zip	
Country		Country		03072005 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-2614958				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL, DAVID S. 2481 JOHNN D. CT. PALM HARBOR, FL 34865			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$71,632.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	NAME		STREET ADDRESS		
	COPENHAVER, ROGER D.		CITY - ST - ZIP		
	6230 SOARING AVE				
	TEMPLE TERRACE, FL 33617				
DOCUMENT #	NAME		STREET ADDRESS		
	MITCHELL, DAVID S.		CITY - ST - ZIP		
	2481 JOHNN D. CT.				
	PALM HARBOR, FL 34865				
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			CITY - ST - ZIP		
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DOCUMENT #	NAME		STREET ADDRESS		
			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)(f), 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 205, Florida Statutes.					
SIGNATURE: <i>David S. Mitchell</i> GP			3/14/05 727-784-3883		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE

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