


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A21978</b>	
1. Entity Name TSL GULF PLAZA EXECUTIVE ASSOCIATES, LTD.	

Principal Place of Business 5516 RIVER ROAD NEW PORT RICHEY FL 34652	Mailing Address 5516 RIVER ROAD NEW PORT RICHEY FL 34652
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

1st MOORE CR2E003 (10/06)

4. FEI Number 58-1656476	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  STIVE, MALCOLM H. 5516 RIVER ROAD NEW PORT RICHEY FL 34652	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 CITY-ST-ZIP	G91571 TSL DEVELOPMENT OF FLA 5516 RIVER ROAD NEW PORT RICHEY FL	STREET ADDRESS CITY-ST-ZIP	U00000701342 04/20/07-80055-008 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	LAWN, MICHAEL 5516 RIVER ROAD NEW PORT RICHEY FL	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STIVE, MALCOLM H. 5516 RIVER ROAD NEW PORT RICHEY FL	STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **4/9/07** **727 845-4000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE