


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # A21978 1. Entity Name TSL GULF PLAZA EXECUTIVE ASSOCIATES, LTD.	
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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 #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE	CR2E003 (10/07)
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
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>

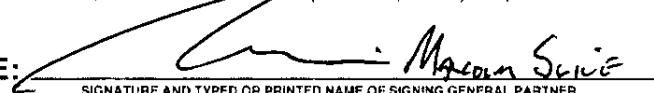
FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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	000000878822 04/14/08-80074-004 500.00
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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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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:  **3/24/08 727 845-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Designated Phone #