


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

FILED

04 FEB 25 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A22527			
1. Entity Name PLAZA CIRCLE, LTD.		Principal Place of Business 2401 PGA BLVD SUITE 196 PALM BEACH GARDENS FL 33410	
2. Principal Place of Business <i>130 CAPE POINTE CIR</i>		3. Mailing Address <i>130 CAPE POINTE CIR</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>JUPITER, FL</i>		City & State <i>JUPITER, FL</i>	
Zip <i>33477</i>	Country <i>U.S.</i>	Zip <i>33477</i>	Country <i>U.S.</i>
4. FEI Number 59-2687476		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERRY, FRANCES T 2401 P.G.A. BLVD STE 196 SUITE 196 PALM BEACH GARDENS, FLA. FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>130 CAPE POINTE CIR</i> City <i>JUPITER</i> FL Zip Code <i>33477</i>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE	
9. Capital Contributions as Shown on record. \$100.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	J07294 PLAZA CIRCLE, INC. 130 CAPE POINTE CIR. JUPITER FL 33477	STREET ADDRESS	
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MOORE CR2E003 (11/03)

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: *Rose M Peters* **ROSE M. Peters** *2/10/04* **561-345-9480**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #