


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A22527**  
 1. Entity Name  
**PLAZA CIRCLE, LTD.**



|  |  |
|--|--|
| Principal Place of Business<br>130 CAPE POINT CIR<br>JUPITER, FL 33477 | Mailing Address<br>130 CAPE POINT CIR<br>JUPITER, FL 33477 |
|--|--|



02272008 No Chg-LP CR2E003 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>59-2687476</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

PERRY, FRANCES T  
 130 CAPE POINT CIR  
 JUPITER, FL 33477

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ U00000503578  
Signature, typed or printed name of registered agent and title if applicable. 04/26/06-80037-023 500.00  
DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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

|                |                      |
|----------------|----------------------|
| DOCUMENT #     | J07294               |
| NAME           | PLAZA CIRCLE, INC.   |
| STREET ADDRESS | 130 CAPE POINTE CIR. |
| CITY-ST-ZIP    | JUPITER, FL 33477    |
| DOCUMENT #     |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| DOCUMENT #     |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| DOCUMENT #     |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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: Plaza Circle Inc. Paul J. Taylor 3/5/06 623-7969  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #