


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003417 AV

**DOCUMENT #** A22527

1. Entity Name  
**PLAZA CIRCLE, LTD.**



FILED  
03 FEB 28 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>2401 PGA BLVD SUITE 196 PALM BEACH GARDENS FL 33410</b>	Mailing Address <b>2401 PGA BLVD SUITE 196 PALM BEACH GARDENS FL 33410</b>
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2. Principal Place of Business	3. Mailing Address <i>130 Capote Circle</i>
Suite, Apt. #, etc.	Suite, Apt. #
City & State	City & State <i>Jupiter, FL</i>
Zip	Country
<i>33477</i>	<i>U.S.</i>

**DUE BY MAY 1, 2003**

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

City **FL** Zip Code

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.

9. Capital Contributions as Shown on record. <span style="font-size: 1.2em;">\$100.00</span>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	<b>J07294</b>
NAME	<b>PLAZA CIRCLE, INC.</b>
STREET ADDRESS	<b>2401 PGA BLVD STE #196</b>
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	<i>130 Capote Circle</i>
CITY-ST-ZIP	<i>Jupiter, FL 33477</i>
STREET ADDRESS	<i>130 Capote Circle</i>
CITY-ST-ZIP	<i>Jupiter, FL 33477</i>
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** *DOLLY PETERS*  
*DOLLY PETERS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE