2004	IINIEODM	<b>BUSINESS</b>	DEDORT	/IIRR\
<b>2</b> 00 i	OHILOUM	DU3INE33	NEPUNI	(UDN)

DOCU 1. Entity Nam	MENT	# ~A2257	8						
VILLAGE PLAZA PARTNERS, LTD.					FILED				
% KING & SPALDING - ROBERT G. PENNINGTON			Mailing Address % KING & SPALDING - ( 191 PEACHTREE ST., N. ATLANTA GA 30303-1763	G & SPALDING - ROBERT G. PENNINGTON		SECRETARY OF STATE TALLAHASSEE FLORIDA			
Principal Place of Business     Mailing Address								818]  818]  818]  818]  788  	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEI Number	59-2676147		Applied For Not Applicable		
Zip		Country	Zip	Cour	try	5. Certificate of S	Status Desired		8.75 Additional ee Required
	6. Name	and Address of Current	Registered Agent			7. Name and Ad	dress of New R	egistered Ag	ent
-			•	•	Name				
BANKS, LILLIAN 360 ORION CT.				Street Address (P.O. Box Number is Not Acceptable)					
MERRITT IS	SLAND FL 3	32953			City	;		FL	Zip Code
8 The above	named entity	submits this statement fo	the purpose of changing i	ts register		ered agent, or both, in	the State of Flo		
o. The above	riamed emity	Submitte tille statement le	the purpose of ortaligning .	io regionali					
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable. (NO	OTE: Registere	d Agent signature requi			DATE	
9. Capital Co as Shown	on record.	\$2,562,505.00	10. Amount of Cap in FLORIDA to	date.			SEE REVERS	SE SIDE FOR	O DEPT. OF STATE FEE INFORMATION
	A C	GENERAL PARTNER T	HAT IS A BUSINESS E Y NOT be changed on	NTITY M	UST BE REGIS	STERED AND ACT ent must be filed to	IVE WITH THE change a ge	S OFFICE. neral partn	er.
12.		GENERAL PARTNER		13.			ADDRESS CHA		
	VILLAGE PLAZA INVEST. CO 98 191 PEACHTREE STREET, N.E.			STRE	ET ADDRESS				
					-ST-ZIP				
DOCUMENT # NAME				STR	ET ADDRESS	80		1/010	1012011
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP <sup>1</sup>	·_t	. *****5	26.25 .	****526.25
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DOCUMENT # NAME				STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP				
14. I hereby of indicated the receiv	pertify that the on this repor ver or trustee	e information supplied with t is true and accurate and empowered to execute the	this illing does not qualify it that my signature shall hav s report as required by Cha	for the exe te the same apter 620	mption stated in a legal effect as it Florida Statutes			further certif Partner of th	y that the information e limited partnership or
SIGNAT		SIGNATURE AND PERMIT	PHINTED MAME OF SECURING GENERAL	RAL PARTME	<sup>8</sup> Village		6/01 Date		-572-4635