
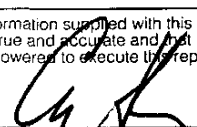


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
05 APR 29 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A22675 1. Entity Name HOME DEPOT PLAZA ASSOCIATES, LTD.					
Principal Place of Business 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707			Mailing Address P.O. BOX 41847 ST. PETERSBURG, FL 33743-1847		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2708250	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHER, CRAIG H 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record \$744,485.00			10. Amount of Capital Contributions in FLORIDA to date. 0.00		
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				13. ADDRESS CHANGES ONLY	
DOCUMENT #	V25013			STREET ADDRESS	
NAME	SEMBLER ENTERPRISES, INC.			CITY - ST - ZIP	
STREET ADDRESS	5858 CENTRAL AVENUE				
CITY - ST - ZIP	ST. PETERSBURG, FL 33707				
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NAME				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: 				Date: 4/19/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER CRAIG SHER, PRESIDENT				Daytime Phone #: 727-384-6000	



04092005 Chg-LP CR2E003 (10/03)

59-2708250 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

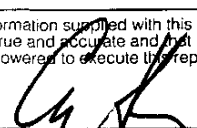
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 CRAIG SHER, PRESIDENT

STAPLE CHECK HERE