


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

LC 03/22/04  
 FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 04 MAR 12 PM 4:13

<b>DOCUMENT # A22831</b>	
1. Entity Name <b>KEYSTONE PLAZA, LTD.</b>	

Principal Place of Business <b>8001 N. DALE MABRY HIGHWAY SUITE 101-A TAMPA FL 33614</b>	Mailing Address <b>8001 N. DALE MABRY HIGHWAY SUITE 101-A TAMPA FL 33614</b>
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2. Principal Place of Business <b>3438 Colwen Ave</b> Suite, Apt. #, etc.	3. Mailing Address <b>3438 Colwen Ave</b> Suite, Apt. #, etc.
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MOORE CR2E003 (11/03)

City & State <b>Tampa, FL</b>	City & State <b>Tampa, FL</b>
Zip <b>33614</b>	Country <b>USA</b>

4. FEI Number <b>59-2687632</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>WEGMAN ASSOCIATES, INC. 8001 NORTH DALE MABRY HWY. SUITE 101-A TAMPA FL 33614</b>	
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7. Name and Address of New Registered Agent Name <b>THE GEORGE W. LACKEY CO</b> Street Address (P.O. Box Number is Not Acceptable) <b>3438 Colwen Ave</b> City <b>Tampa</b> FL Zip Code <b>33614</b>	
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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 <u>George W. Lackey Pres. The George W. Lackey Co</u> 3/1/04 Signature, typed or printed name of registered agent and title if applicable. DATE	
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9. Capital Contributions as Shown on record. <b>\$755,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # <b>675439</b>	NAME <b>WEGMAN ASSOCIATES, INC.</b>	STREET ADDRESS	
STREET ADDRESS <b>8001 N. DALE MABRY HWY.</b>		CITY-ST-ZIP	
CITY-ST-ZIP <b>TAMPA FL</b>			
DOCUMENT # <b>H95225</b>	NAME <b>THE GEORGE W. LACKEY CO.</b>	STREET ADDRESS <b>3438 Colwen Ave</b>	
STREET ADDRESS <b>8001 N. DALE MABRY HWY.</b>		CITY-ST-ZIP <b>Tampa, FL 33614</b>	
CITY-ST-ZIP <b>TAMPA FL</b>			
DOCUMENT #	NAME <b>BITTMANN, CHRIS</b>	STREET ADDRESS <b>18816 Rue Loire</b>	
STREET ADDRESS <b>8001 N. DALE MABRY HWY.</b>		CITY-ST-ZIP <b>Lutz, FL 33549</b>	
CITY-ST-ZIP <b>TAMPA FL</b>			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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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: <u>George W. Lackey Pres. The George W. Lackey Co</u> 3/1/04 813-865-1190 Signature and typed or printed name of signing general partner Date Daytime Phone #	

STAPLE CHECK HERE