

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

<b>DOCUMENT # A22831</b>			
1. Entity Name <b>KEYSTONE PLAZA, LTD.</b>		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>05 JAN 13 AM 9:57</b>	
Principal Place of Business <b>3438 COLWELL AVE TAMPA, FL 33614</b>	Mailing Address <b>3438 COLWELL AVE TAMPA, FL 33614</b>		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>THE GEORGE W. LACKEY CO. 3438 COLWELL AVE TAMPA, FL 33614</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. <b>\$755,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS (CHANGES ONLY)	
DOCUMENT #	H95225	STREET ADDRESS	<b>3438 Colwell Ave</b>
NAME	THE GEORGE W. LACKEY CO.	CITY - ST - ZIP	<b>TAMPA, FL 33614</b>
STREET ADDRESS	<del>6001 N. DALE MABRY HWY.</del>		
CITY - ST - ZIP	TAMPA, FL		
DOCUMENT #		STREET ADDRESS	
NAME	BITTMANN, CHRIS	CITY - ST - ZIP	
STREET ADDRESS	18816 RUE LOIRE		
CITY - ST - ZIP	LUTZ, FL 33549		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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:** George W. Lackey 1/13/05 817-865-1150  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #