

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

**DOCUMENT # A22831**

1. Entity Name  
KEYSTONE PLAZA, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 13 AM 9:57

Principal Place of Business  
3438 COLWELL AVE  
TAMPA, FL 33614

Mailing Address  
3438 COLWELL AVE  
TAMPA, FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-2687632

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fes Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE GEORGE W. LACKEY CO.  
3438 COLWELL AVE  
TAMPA, FL 33614

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$755,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

**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 # H95225  
NAME THE GEORGE W. LACKEY CO.  
STREET ADDRESS ~~6001 N. DALE MABRY HWY.~~  
CITY-ST-ZIP TAMPA, FL

STREET ADDRESS 3438 Colwell Ave.  
CITY-ST-ZIP TAMPA, FL 33614

DOCUMENT #  
NAME BITTMANN, CHRIS  
STREET ADDRESS 18816 RUE LOIRE  
CITY-ST-ZIP LUTZ, FL 33549

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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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

Date

Daytime Phone #

817-865-1150