


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A25771</b>		
1. Entity Name HANLEY PLAZA, LTD.		

Principal Place of Business 3438 COLWELL AVE. TAMPA, FL 33614	Mailing Address 3438 COLWELL AVE. TAMPA, FL 33614
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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 C32E0C3 (10/03)

4. FEI Number 59-2881357	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  W.L. BEACH PROPERTIES INC. 3438 COLWELL AVE. TAMPA, FL 33614	
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7. Name and Address of New Registered Agent	
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, and I, as the authorized officer, hereby accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$900,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 CHANGE ONLY	
DOCUMENT #	H95225	STREET ADDRESS	
NAME	THE GEORGE W LACKEY COMP	CITY - ST - ZIP	
STREET ADDRESS	3438 COLWELL AVE.		
CITY - ST - ZIP	TAMPA, FL 33614		
DOCUMENT #		STREET ADDRESS	
NAME	BITTMANN, CHRIS	CITY - ST - ZIP	
STREET ADDRESS	11816 RUE LOIRE.		
CITY - ST - ZIP	LUTZ, FL 33549		
DOCUMENT #	G47759	STREET ADDRESS	
NAME	W.L. BEACH PROPERTIES INC.	CITY - ST - ZIP	
STREET ADDRESS	3438 COLWELL AVE.		
CITY - ST - ZIP	TAMPA, FL 33614		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		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 1/4/05 813-968-4500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER