


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
AND
FILED

04 MAY -4 PM 5:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A26536		
1. Entity Name STIRLING ROAD PLAZA, LTD.		

Principal Place of Business %KONOVER & ASSOCIATES SOUTH LLC 7000 W. PALMETTO PARK RD., #408 BOCA RATON, FL 33433	Mailing Address %KONOVER & ASSOCIATES SOUTH LLC 7000 W. PALMETTO PARK RD., #408 BOCA RATON, FL 33433
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2. Principal Place of Business 7000 West Palmetto Park Rd.	3. Mailing Address 7000 West Palmetto Park Rd.
Suite, Apt. #, etc. Suite 203	Suite, Apt. #, etc. Suite 203
City & State Boca Raton, FL 33433	City & State Boca Raton, FL
Zip 33433	Country

03152004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0110296	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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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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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$792,000.00	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 CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	K09797 FLORIDA K-FIVE CORP. 9822 NE 2ND AVE #1 & 2 MIAMI SHORES, FL	STREET ADDRESS CITY-ST-ZIP	 Miami Shores, FL 33138
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	100036546531 05/18/04-01035-021 **526.25
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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:  **Florida K-Five Corporation, General Partner,**
 By its Treasurer,
 Kristen Mirrione
 3/31/04 541394-9024
Signature and typed or printed name of signing general partner Date Daytime Phone #

STAPLE CHECK HERE