

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 11 AM 8:48

DOCUMENT # A31381

1. Entity Name
TREASURY PARK PLAZA FITNESS CENTER, LTD.



Principal Place of Business
15924 S.W. 92ND AVE.
MIAMI, FL 33157

Mailing Address
15920 SW 92ND AVE.
MIAMI, FL 33157

2. Principal Place of Business
15912 SW 92nd Avenue
Suite, Apt. #, etc.

3. Mailing Address
15912 SW 92nd Avenue
Suite, Apt. #, etc.

City & State
Miami FL
Zip
33157
Country
USA

City & State
Miami, FL
Zip
33157
Country
USA

04222005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0260421
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SONTAG, AIMEE NICOLE ESQ
15920 SW 92ND AVE.
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name
Sontag, Aimee Nicole Esq
Street Address (P.O. Box Number is Not Acceptable)
15912 SW 92nd Avenue
Miami FL Zip Code
33157

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. \$220,000.00

10. Amount of Capital Contributions
in FLORIDA to date. 220,000

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
S42417
TREASURY PARK PLAZA FITNESS CENTER CORPORA
15912 S.W. 92ND AVE.
MIAMI, FL 33157

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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06/08/05--01064--024 ***526.25

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:

M. Sontag M. Sontag

4/29/05

(305) 233-5911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE