

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**DOCUMENT # A31677**

**1. Entity Name**  
**PALMETTO PARK ROAD ASSOCIATES LIMITED**



**FILED**

**2005 APR 12 AM 9:33**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**Principal Place of Business**  
**21301 POWERLINE ROAD, #312**  
**BOCA RATON, FL 33433**

**Mailing Address**  
**P.O. BOX 11229**  
**KNOXVILLE, TN 37939**

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242005      Chg-LP      CR2E003 (10/03)

**4. FEI Number**  
**65-0269486**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WALTERS, CLIFFORD L**  
**802 11TH STREET WEST**  
**BRADENTON, FL 34205**

**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. 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.      **\$249,950.00**

**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**

**DOCUMENT #** P95000032150  
**NAME** WEST BOCA SQUARE CORPORATE, INC.  
**STREET ADDRESS** 21301 POWERLINE ROAD, #312  
**CITY-ST-ZIP** BOCA RATON, FL 33433

**DOCUMENT #**  
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**CITY-ST-ZIP**

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**Jill Levin, Treasurer**

**4/11/05 (865) 584-4175**  
Date      Daytime Phone #