2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SIGNATURE: _

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

	1. Entity Nam AIRPORT Principal Place 5728 MAJOR SUITE 601 ORLANDO, FI	PLAZA PARTNERS, LTD. e of Business BLVD. 232819 lace of Business - No P.O. Box # W. Sand lake Rd.		Mailing Address 5728 MAJOR BLVD. SUITE 601 ORLANDO, FL 32819 3. Mailing Address 7932 W. Sand Ia Suite Aot. #, etc. Suite 300				08 AP	R 2 PM	3: 50		
	୍ଟାନିଛନିପିo, FL			Oriando, FL			4. FEI Number 59-3149				Applied For Not Applicable	
	^Z 32819	^Z §2819 Country		3289 Country				5. Certificate of	f Status Desired		\$8.75 Fee Re	Additional quired
-	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
	KHATIB, R 5728 MAJO SUITE 601	OR BLVD			Street Address			P.O. Box Number	is Not Acceptable	e)		
	ORLANDO		19					Sand Lake F FL 32819	Rd. Ste 300		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 the obligations of registered agent. 400123956184 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE											
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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 amendr							t must be filed	to change a g	eneral pa	rtner.	
	12. GENERAL PARTNER INFORMATION DOCUMENT / V19919								ADDRESS CH	ANGES ON	1LY	
	NAME STREET ADDRESS	INTRAM	INVESTMENTS, INC. JOR BLVD.		EET ADDRESS	793	2 W. Sand La	ko Rd. Sto 3	200	-		
	CITY-ST-ZIP DOCUMENT #	ORLAND	O, FL 32819		CITY	'-ST-ZIP		ndo. FL 3281				
	NAME STREET ADDRESS					EET ADDRESS	<u> </u>		·			
r-	CITY-ST-ZIP DOCUMENT #				CIT	-51-21						
	NAME				STR	EET ADDRESS	<u> </u>					
	STREET ADDRESS CITY-ST-ZIP	i			CITY	'-ST-ZIP						
ļ	DOCUMENT # NAME STREET ADDRESS				STR	EET ADDRESS						
끮	CITY-ST-ZIP					'-ST-ZIP						
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TAPL	DOCUMENT / NAME				SIR	EET ADDRESS						
(,	STREET ADDRESS CITY-ST-ZIP				CITY	'-ST-ZIP						
	indicated	14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 cath; 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										