

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 FEB 20 AM 10:07

DOCUMENT # A93000000747

1. Entity Name
 PARK PLAZA ASSOCIATES, LTD.



Principal Place of Business 2600 E. COMMERCIAL BLVD., SUITE 200 FT. LAUDERDALE, FL 33308	Mailing Address 2600 E. COMMERCIAL BLVD., SUITE 200 FT. LAUDERDALE, FL 33308
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2. Principal Place of Business 5401 University DR Suite, Apt. #, etc. 103 City & State CORAL SP FL Zip 33067 Country BROWARD	3. Mailing Address 5401 University DR Suite, Apt. #, etc. 103 City & State CORAL SP FL Zip 33067 Country BROWARD
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01252006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0424732	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JENNINGS & VALANCY
 311 SE 13TH STREET
 FORT LAUDERDALE, FL 33316

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	572226
NAME	M.S.L. PROPERTY MANAGEMENT, INC.
STREET ADDRESS	2600 E. COMMERCIAL BLVD., SUITE 200
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308

DOCUMENT #
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 CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS	5401 University DR #103
CITY-ST-ZIP	CORAL SP FL 33067

STREET ADDRESS	
CITY-ST-ZIP	
600066794136 02/28/06 01014 015 **508.75	

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
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STREET ADDRESS
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STREET ADDRESS
 CITY-ST-ZIP

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 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

Date _____ Daytime Phone # _____

STAPLE CHECK HERE