


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

**FILED
May 20, 2004 08:00 AM
Secretary of State**

DOCUMENT # A94000091203 1. Entity Name DAIRY PLAZA ASSOCIATES, LTD.	
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Principal Place of Business 101 SEABREEZE BOULEVARD, SUITE 105 DAYTONA BEACH FL 32118 US	Mailing Address P.O. BOX 4235 ORMOND BEACH FL 32175 US
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MOORE CR2E003 (11/03)

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3264140	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DELAHUNTY, TERENCE J JR. C/O FOLEY & LARDNER 111 N. ORANGE AVE., SUITE 1800 ORLANDO FL 32801

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 _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>	DATE _____
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9. Capital Contributions as Shown on record.	\$510,000.00
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10. Amount of Capital Contributions in FLORIDA to date.	
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11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	P94000064407
NAME	DAIRY PLAZA, INC.
STREET ADDRESS	101 SEABREEZE BOULEVARD, SUITE 105
CITY-ST-ZIP	DAYTONA BEACH FL 32118

STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	U00000161673
CITY-ST-ZIP	05/27/04-80005-013 526.25

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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 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:  Sarah D Vandagriff 4/23/04 6729080 386/

STAPLE CHECK HERE