



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # A94000001203					
1. Entity Name DAIRY PLAZA ASSOCIATES, LTD.					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt # etc.			
City & State		City & State		4. FEI Number 59-3264140	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and file # if applicable</small>					
9. Capital Contributions as Shown on record \$510,000.00			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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P94000064407		STREET ADDRESS		
NAME	DAIRY PLAZA, INC.		CITY-ST-ZIP		
STREET ADDRESS	101 SEABREEZE BOULEVARD, SUITE 105				
CITY-ST-ZIP	DAYTONA BEACH, FL 32118				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS				UN0000336018 04/27/05-80108-015 526.25	
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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 4/15/2005 386/6729080		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>DATE Daytime Phone #</small>		



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