


**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      Mailing Address  
**101 SEABREEZE BOULEVARD, SUITE 105**      **P.O. BOX 4235**  
**DAYTONA BEACH, FL 32118 US**      **ORMOND BEACH, FL 32175 US**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt # etc.

City & State      City & State

Zip      Country      Zip      Country

03292005    Chg-LP      CR2E003 (10/03)

4. FEI Number      Applied For  
**59-3264140**      Not Applicable

5. Certificate of Status Desired       \$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 \_\_\_\_\_  
Signature typed or printed name of registered agent and file # if applicable

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
CITY-ST-ZIP			04/27/05-80108-015 526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #