

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 13, 2006 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**



**DO NOT WRITE IN THIS SPACE**

02072006 No Chg-LP

CR2E003 (11/05)

**4. FEI Number**  
**59-3264140**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional**  
**Fee Required**

**8. Name and Address of Current Registered Agent**

**DELAHUNTY, TERENCE J JR.**  
**C/O FOLEY & LARDNER**  
**111 N. ORANGE AVE., SUITE 1800**  
**ORLANDO, FL 32801**

**DO NOT WRITE**  
**IN THIS SPACE**

**9. 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**

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

DATE

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

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U00000505932  
04/27/06-80001-018 500.00

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**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:**

*Sarah D Vandagriff*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**4/10/06**

**386/6729080**

Date

Signature Phone #

STAPLE CHECK HERE