

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A94000001540**

1. Entity Name  
**COURTYARD PLAZA LIMITED PARTNERSHIP**



Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202004

Chg-LP

CR2E003 (10/03)

4. FEI Number

65-0535691

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COURTYARD PLAZA, INC.  
10260 N.W. 47TH STREET  
SUNRISE, FL 33351

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

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

DATE

9. Capital Contributions  
as Shown on record.

**\$5,000.00**

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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P94000077972  
COURTYARD PLAZA, INC.  
10260 N.W. 47TH STREET  
SUNRISE, FL 33351

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
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CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

U000000159087  
05/10/04-800016-002 141.25

DOCUMENT #  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*Joseph V. Tolo* 4/29/04 952-572-6900