


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
May 16, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # A95000000047</b>			
1. Entity Name <b>KERR PLAZA, LIMITED</b>			
Principal Place of Business <b>2338 IMMOKALEE RD., #161 NAPLES, FL 34110</b>		Mailing Address <b>2338 IMMOKALEE RD., #161 NAPLES, FL 34110</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____	
City & State _____		City & State _____	
Zip _____	Country _____	Zip _____	Country _____
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>COLLINS, JAMES E 2338 IMMOKALEE RD., #161 NAPLES, FL 34110</b>		Name _____	
		Street Address (P.O. Box Number is Not Acceptable) _____	
		City _____	
		State <b>FL</b> 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 title if applicable.</small>			
9. Capital Contributions as Shown on record. <b>\$480,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. _____	
<b>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.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L9700000982	STREET ADDRESS	U00000367381
NAME	KERR MANAGEMENT, LC	CITY - ST - ZIP	05/16/05-80033-023 526, 25
STREET ADDRESS	2338 IMMOKALEE RD., #161	STREET ADDRESS	
CITY - ST - ZIP	NAPLES, FL 34110	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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)(c), 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			
<b>SIGNATURE:</b> <i>James S. Collins</i>		Date <b>4-25-05</b> Daytime Phone # <b>239-254-0900</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	



04272005 Chg-LP CR2E003 (10/03)

4. FEI Number **65-0563000** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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