


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

DOCUMENT # A95000000732 1. Entity Name DUNNELLON PLAZA LIMITED PARTNERSHIP						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 AUG 11 AM 11:14	
Principal Place of Business 2605 SW 33RD STREET, BLDG. #200 OCALA, FL 34474				Mailing Address P.O. BOX 2495 OCALA, FL 34478			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
				07062005 Chg-LP CR2E003 (10/03)			
				4. FEI Number 65-0582921		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
JAMES E. DAY 2605 SW 33RD STREET, BLDG. #200 OCALA, FL 34474				Name Street Address (P.O. Box Number is Not Acceptable) City			
				<div style="text-align: right;"> FL Zip Code </div>			
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. \$402,000.00				10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 # P95000036677 NAME DUNNELLON PLAZA MANAGEMENT, INC. STREET ADDRESS U.S. HIGHWAY 41 & S.W. 106TH LANE CITY-ST-ZIP DUNNELLON, FL				STREET ADDRESS CITY-ST-ZIP			
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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:  Mike Slavic <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				08/01/05 <small>Date</small>		352-369-9881 <small>Daytime Phone #</small>	

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