



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A95000001037 1. Entity Name MESA MARKET PLACE, LTD.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 MAR 10 AM 10:22	
Principal Place of Business 2801 EAST IRLO BRONSON HIGHWAY KISSIMMEE, FL 34744				Mailing Address 24 PINE STREET WINDERMERE, FL 34786			
2. Principal Place of Business			3. Mailing Address			 02242005 Chg-LP CR2E003 (10/03)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number 59-3322431				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BUONAURO, FRANK A JR. 24 PINE STREET WINDERMERE, FL 34786				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
DATE _____							
9. Capital Contributions as Shown on record. \$3,300,000.00				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 # L97000001019 NAME MESA SWAP MEET, L.C. STREET ADDRESS 24 PINE STREET CITY-ST-ZIP WINDERMERE, FL 34789				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: <i>Frank A Buonauaro Jr.</i> - FRANK A BUONAURO JR. 3-7-05 407 876-3595							