2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

DOCUMENT #A95000001037

1. Entity Name
MESA MARKET PLACE, LTD.



SECRETARY OF STATE DIVISION OF CORPORATIONS 06 MAR 10 AM 9: 25

Principal Place of Business

2801 EAST IRLO BRONSON HIGHWAY KISSIMMEE, FL 34744

Mailing Address

24 PINE STREET WINDERMERE, FL 34786



02212006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3322431

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUONAURO, FRANK A JR. 24 PINE STREET WINDERMERE, FL 34786

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of changing tions of registered agent.	g its registered office or registered age	nt, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.		
Signature, typeo or printed name of registered agent and title if applicable.			DATE
	FILE NOW!!! FEE IS \$500.0 After May 1, 2006, Fee will be \$		
	A GENERAL PARTNER THAT IS A BUSINESS NOTE: General Partners MAY NOT be changed of	ENTITY MUST BE REGISTERED in the form; an amendment mus	AND ACTIVE WITH THIS OFFICE. t be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION		
D0CUMENT #	L97000001019		
NAME	MESA SWAP MEET, L.C.		
STREET ADDRESS	24 PINE STREET		TOTO CONTINUE CONTINUE
CITY-ST-ZIP	WINDERMERE, FL 34789	ř	000068558940 8/24/06-01005-009 **8:75
DOCUMENT #		100 10 10 10 10 10 10 10 10 10 10 10 10	oren or order of the
NAME			and a story and a grown
STREET ADDRESS		ja ja	- 000058558940 3/24/0601005010 **500.00
CITY-ST-ZIP		U	27.C47.00% 01002**********************************
DOCUMENT #			
NAME			ANTA BE N ANTA MORN BE A PERSON DE MORNE MORNE
STREET ADDRESS			O NOT WRITE
CITY-ST-ZIP			I TIIIA ARAA
DOCUMENT #			N THIS SPACE
NAME			
STREET ADDRESS			
CITY-ST-7IP	I	■ 00 cm - 1 cm	// /

14. I hereby certify that the information supplied with the lifting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is frue 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 trusted in powered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE!

DOCUMENT #
NAME
STREET *DDRESS
CITY-S*-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-22-06

876-3595

Daytime F