


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000000211</b> 1. Entity Name <b>BUTTONWOOD PLAZA, LTD.</b>	
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Principal Place of Business  
**1645 S.E. 3RD COURT  
SUITE 200  
DEERFIELD BEACH, FL 33441**

Mailing Address  
**1645 S.E. 3RD COURT  
SUITE 200  
DEERFIELD BEACH, FL 33441**



**DO NOT WRITE IN THIS SPACE**

03062006 No Chg-LP

CR2E003 (11/05)

4. FEI Number <b>65-0642903</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GEISERMAN, ROBERT M  
1645 S.E. 3RD COURT  
SUITE 200  
DEERFIELD BEACH, FL 33441**

**DO NOT WRITE  
IN THIS SPACE**

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.

**100000538734**  
**05/09/06-20071-010 500.00**  
DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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**

DOCUMENT # **P96000009248**  
NAME **G.P. BUTTONWOOD, INC.**  
STREET ADDRESS **1645 S.E. 3RD COURT STE 200**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

**4.24.06** **GSA.420.1005**

STAPLE CHECK HERE