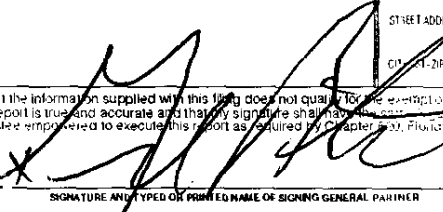


FILED

03 MAY -6 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A96000000614			
1. Entity Name PLUMS PLAZA LIMITED PARTNERSHIP			
Principal Place of Business 2411 N.E. 32ND COURT LIGHTHOUSE POINT, FL 33064		Mailing Address 2411 N.E. 32ND COURT LIGHTHOUSE POINT, FL 33064	
2. Principal Place of Business P.O. Box 51860		3. Mailing Address P.O. Box 51860	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lighthouse Point, FL		City & State Lighthouse Point, FL	
Zip 33075	Country USA	Zip 33075	Country USA
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		4. FEI Number 65-0646736	
6. Name and Address of Current Registered Agent SLATOFF, ROBERT T FRANK, ESSMAN, WEINBERG & BLACK 7805 SW 6TH COURT PLANTATION, FL 33324		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 _____ DATE _____			
9. Capital Contributions as Shown on record, \$229,194.43		10. Amount of Capital Contributions in FLORIDA to date, 1,000.00	
11. MAKE CHECK PAYABLE TO FL DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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 # NAME STREET ADDRESS CITY-ST-ZIP	REITANO, JOSEPH A 2411 N.E. 32ND COURT LIGHTHOUSE POINT, FL 33064	STREET ADDRESS CITY-ST-ZIP	P.O. Box 51860 Lighthouse Point, FL 33075
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	REITANO, HELEN 2411 N.E. 32ND COURT LIGHTHOUSE POINT, FL 33064	STREET ADDRESS CITY-ST-ZIP	P.O. Box 51860 Lighthouse Point, FL 33075
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS 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)(i), Florida Statutes. I further certify that the information included in this report is true and accurate and that my signature shall be 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 207, Florida Statutes.			
SIGNATURE: 		04/28/03 954-457-0970	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE

CR2E003 (10/02)

000018307021
05/06/03--01109--007 **141.25