


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A96000000773 1. Entity Name PITWAY PLAZA ASSOCIATES, LTD.	
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Principal Place of Business 2915 STATE ROAD 590, SUITE 21 CLEARWATER, FL 33759	Mailing Address 2915 STATE ROAD 590, SUITE 21 CLEARWATER, FL 33759
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt., #, etc.		Suite, Apt., #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 08 APR 15 AM 11:47



01082008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3377762	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent QUEEN, GARY F 2915 STATE ROAD 590, SUITE 21 CLEARWATER, FL 33759	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	QUEEN, GARY F 2915 SR 590, STE. 21 CLEARWATER, FL 33759	STREET ADDRESS	<div style="text-align: center;"> 000123501200 04/15/08--01010--005 **\$500.00 </div>
NAME		CITY-ST-ZP	
STREET ADDRESS		CITY-ST-ZP	
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZP	
STREET ADDRESS		CITY-ST-ZP	

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:  **Gary F. Queen** **General Partner** **2/8/08** **727-796-7123**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE