

# 2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 14, 2007

FILED

07 JUN 13 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A96000000895

1. Entity Name  
CAL PLAZA HOLDINGS ASSOCIATES, LTD.



Principal Place of Business  
1775 BROADWAY, 23RD FLOOR  
NEW YORK, NY 10019

Mailing Address  
ATTN: LEGAL  
3100 MONTICELLO AVE SUITE 200  
DALLAS, TX 75205

2. Principal Place of Business - No P.O. Box #  
423 West 55th Street, 12th floor  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
New York, NY  
Zip  
10019

City & State  
Country  
Zip

05102007 Chg-LP CR2E003 (12/06)

4. FEI Number  
58-2236580  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent; and if applicable

**FILE NOW!!! FEE IS \$900.00**  
**On or after September 14, 2007, Fee will be \$1000.00**

**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 # P03000120396  
NAME CAL PLAZA GP, INC.  
STREET ADDRESS 1775 BROADWAY, 23RD FLOOR  
CITY-ST-ZIP NEW YORK, NY 10019

13. ADDRESS CHANGES ONLY

STREET ADDRESS 423 West 55th Street, 12th floor  
CITY-ST-ZIP New York, NY 10019

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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] [Signature] 5/25/2007 214/599-2200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE