

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # A96000000895

1. Entity Name
CAL PLAZA HOLDINGS ASSOCIATES, LTD.



Principal Place of Business
**423 WEST 55TH STREET, 12TH FLOOR
NEW YORK, NY 10019**

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

FILED

08 SEP 17 PM 12:39

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



08212008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
58-2236580

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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.

000136163700
09/19/08--01053--010 **\$900.00
DATE

FILE NOW!!! FEE IS \$900.00
On or after September 12, 2008, 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 **423 WEST 55TH STREET, 12TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10019**

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IN THIS SPACE**

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:

Kathryn Mansfield **Kathryn Mansfield** **9/25/2008** **214/599-2200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER FVP of General Partner Date Daytime Phone #

STAPLE CHECK HERE