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

## FILED **DOCUMENT # A97000000475** Apr 14, 2006 08:00 AN Secretary of State 1. Entity Name GARDENS PARK PLAZA, LTD. Principal Place of Business Mailing Address 505 SOUTH FLAGLER DRIVE, SUITE 1010 505 SOUTH FLAGLER DRIVE, SUITE 1010 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 02172006 No Cha-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0731388 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LASSITER, W G JR. DO NOT WRITE 505 SOUTH FLAGLER DRIVE, SUITE 1300 WEST PALM BEACH, FL 33401 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. 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. GENERAL PARTNER INFORMATION 12. P97000017436 DOCUMENT # GARDENS PARK PLAZA, INC. NAME STREET ADDRESS 505 SOUTH FLAGLER DRIVE, SUITE 1300 CITY-ST-ZIP WEST PALM BEACH, FL 33401 000000508978 04/28/06-80025-022 500.00 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS City-St-ZiP DOCUMENT # STREET ADDRESS

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:

DOCUMENT #

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8-1-01

561-6557200

Daytime Phone #