

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 APR 14 PM 12:47

SECRETARY OF STATE  
FLORIDA



AL APR 15 1998

1. Name of Limited Partnership <b>PLAZA DE FLORES, LTD.</b>		1a. DOCUMENT # <b>A97000000667</b>	
2. Mailing Address <b>100 WALLACE AVENUE, SUITE 245 SARASOTA FL 34237</b>		2a. Principal Office Address <b>100 WALLACE AVENUE, SUITE 245 SARASOTA FL 34237</b>	
3. Date Formed or Registered <b>03/20/1997</b>		5a. Capital Contributions as Shown on record. <b>\$1,000.00</b>	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation <b>FL</b>		6. FEI Number <b>65-0794900</b>	
7. Certificate of Status Desired		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent <b>MERRILL, CULLIS, TIMM, FUREN &amp; GINSBURG, PA 2033 MAIN STREET, SUITE 800 SARASOTA FL 34237</b>		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) <b>PLAZA DE FLORES DEVELOPMENT</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>2 N. Tamiami Trail - Suite 210</b>	11b. City, State & Zip Code <b>SARASOTA FL 34237 34236 400002481104--8 -04/16/98--01101--011 ****141.25 ****141.25</b>	11c. Registration/ Document Number <b>P98000096346</b>
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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/97)