2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

	Due	By May 1, 2006		,		F1	LEU
1. Entity Nam	MENT # A9800 ND PLAZA, LTD.	00001537			32 I	AIST.	Y OF STATE THOUS AM 10: 44
Principal Place of Business 1213 CLEVELAND STREET CLEARWATER, FL 33755			Mailing Address 1213 CLEVELAND STREET CLEARWATER, FL 33755			1151 12711 SS10 SS31 PAN	8811 89(8) 1784 87100 1777 January 41 7491
2. Principal P	3. Mailing Address	Mailing Address		- KD			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LP	CR2E003 (11/05)
City & State	9	City & State	City & State			3E3	Applied For
Zip	Country	Zip	Zip Country		59-3518: 5. Certificate of		\$8.75 Additional
6. Name and Address of Current Registered Ag				7. Name and Address of New Registered Agent			
				Name			<u> </u>
WILKINS, MARK H 1213 CLEVELAND ST. CLEARWATER, FL 33755				Street Address (P.O. Box Number is Not Acceptable)			
				City			FL Zip Code
the obligati	named entity submits this sta ons of registered agent.	atement for the purpose of changing	ng its register	ed office or regis	stered agent, or both,	in the State of Flo.	
SIGNATURE -	Signature, typed or printed name of reg	stered agent and title if applicable.					DATE
FILE NOW!!! FEE 18 \$500.00 After May 1, 2006, Fee will be \$900.00							
	A GENERAL PAI	RTNER THAT IS A BUSINESS	ENTITY N	UST BE REG	ISTERED AND AC	TIVE WITH TH	S OFFICE.
12.		ners MAY NOT be changed of PARTNER INFORMATION	on the form		ent must be filed	ADDRESS CHA	
DOCUMENT#	P98000054597	Training of the control of the contr				ADDRESS CHA	INGES ONLY
NAME STREET ADDRESS				-ST-ZIP	10	100561	303821
CITY-ST-ZIP DOCUMENT #	P98000054589	61	i	EET ADDRESS	02/28/	<u>/0601022</u>	?003 **500.00
NAME STREET ADDRESS	VOGEL CORP. 2209 RIVERVIEW BLVD	= = .		-ST-ZIP			
CITY-ST-ZIP DOCUMENT #	P95000022389		ÇIDI	EET ADDRESS	1.33		
NAME STREET ADDRESS	CONPROP OF TAMPA, 6807 BLUFFS BLVD.	INC.		-S1-ZIP	1) 110 N	, ARME	WIA AVE.
CITY-ST-ZIP DOCUMENT	TEMPLE TERRACE, FL	33617			TAMPA,	+L 3	3612
NAME STREET ADDRESS TO CITY-ST-ZIP	•			-ST-ZIP			
DOCUMENT /			STRE	EET ADDRESS			
STREET ADORESS CITY-ST-ZIP			спу	-ST-ZIP	<u></u> .		
DOCUMENT #			STRE	ET ADDRESS			
STREET ADDRESS CTTY-ST-ZIP			СПҮ	-ST-ZIP			
14. I hereby of indicated or the receiver	ertify that the information su on this report is true and acc siver or trustee empowered to	oplied with this filing does not qua urate and that my signature shall h o execute this report as required b	alify for the ex save the same y Chapter 62	kemptions contains legal effect as 0, Florida Statute	ined in Chapter 119, if made under oath; t as	Florida Statutes, I hat I am a Genera	further certify that the information Il Partner of the limited partnership
SIGNAT		INS CORP. W	auk l	سللل	- PRES.	2/14/06	(727) 447-733
			ESIDE			Date	Daytime Phone #