2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A98000001537

1. Entity Name CLEVELAND PLAZA, LTD.



FILED Mar 16, 2007 08:00 AN Secretary of State

Principal Place of Business 1213 CLEVELAND STREET CLEARWATER, FL 33755 Mailing Address

1213 CLEVELAND STREET CLEARWATER, FL 33755



02282007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3518352

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILKINS, MARK H 1213 CLEVELAND ST. CLEARWATER, FL 33755

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 primed name of registered agent and title if applicable.				
	adversary district a human wave a school and a school and the a obtainment.		SACE	
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00			U00000670582	· . :
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	, , , , , , , , , , , , , , , , , , ,	THE COLUMN TO TH	
DOCUMENT # NAME	P98000054597 WILKINS CORP.	STREET AODRESS		
STREET ADDRESS CITY-ST-ZIP	2778 QUAIL HOLLOW ROAD WEST CLEARWATER, FL 33761	CITY-ST-ZIP		-
DOCUMENT /	P98000054589 VOGEL CORP.	STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	2209 RIVERVIEW BLVD, WEST BRADENTON, FL 34205	CITY-ST-ZIP	DO NOT WRITE	
DOCUMENT # NAME	P95000022389 CONPROP OF TAMPA, INC.	STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	11710 N ARMENIA AVE TAMPA, FL 33612	CITY-ST-ZIP		
DOCUMENT / NAME		STREET ADDRESS	IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT # NAME		STREET ADDRESS		,
STREET ADDRESS CITY-ST-ZIP		C(1Y-ST-Z)P		
DOCUMENT / NAME		STREET ADDRESS		
STREET ADDRESS City-St-Zip		CITY-ST-ZIP		,
14. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 14 2007

(727) 447-7332

Daytima Phone #