

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
May 05, 2005 08:00 AM
Secretary of State



1ST MOORE CR2E003 (10/04)

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------|
| DOCUMENT # A98000001997 | | | | 1. Entity Name PLAZA LINDA I, LTD. | |
| Principal Place of Business 5446 NORTH BAY ROAD MIAMI BEACH FL 33140 | | | Mailing Address P.O. BOX 402097 MIAMI BEACH FL 33140-2097 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent GLOTTMAN, SAUL 5446 NORTH BAY ROAD MIAMI BEACH FL 33140 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 | | | | 11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | DATE _____ | |
| 9. Capital Contributions as Shown on record. | | \$1,905.00 | 10. Amount of Capital Contributions in FLORIDA to date. | | |

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 | | 13. ADDRESS CHANGES ONLY | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------|
| DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP | P98000074456 JACK'S SHOPPING CENTER & PLAZA LINDA I COR PO BOX 402097 MIAMI BEACH FL 33140 | STREET ADDRESS | |
| DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP | | STREET ADDRESS | UN0000362957 05/05/05-80137-019 141.25 |
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [Signature] By Jack Glottmann - POA 4/22/05