


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 11 PM 1:00

DOCUMENT # A99000001110 1. Entity Name PLATA ROCA LIMITED PARTNERSHIP					
Principal Place of Business 600 CENTRAL AVE., #365 HIGHLAND PARK, IL 60035			Mailing Address 600 CENTRAL AVE., #365 HIGHLAND PARK, IL 60035		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 88-0406464 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FELNER, JAY 4182 LIVE OAK BLVD. DELRAY BEACH, FL 33445			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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$197,491.00		10. Amount of Capital Contributions in FLORIDA to date. \$197,491.00			
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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F99000003535 SILVER ROCK REALTY CORP. 600 CENTRAL AVE., #365 HIGHLAND PARK, IL 60035		STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 2em; text-align: center;">c</div>	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
By: <u>Nathan Wagner, Pres.</u> 4/5/2005 (847) 432-3666 SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE