

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000001342

1. Entity Name
HANSEL PLAZA, LTD.



Principal Place of Business
718 GARDEN PLAZA
ORLANDO, FL 32803-4212

Mailing Address
718 GARDEN PLAZA
ORLANDO, FL 32803-4212



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-3593702

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANSEL, THOMAS W
718 GARDEN PLAZA
ORLANDO, FL 32803-4212

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
 as Shown on record.

\$200.00

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 # **P99000072553**
 NAME **HANSEL PLAZA, INC.**
 STREET ADDRESS **718 GARDEN PLAZA**
 CITY-ST-ZIP **ORLANDO, FL 328034212**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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 STREET ADDRESS
 CITY-ST-ZIP

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CITY-ST-ZIP

UN00001333518
04/27/05-80007-017 141.25

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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Mary Lisa Sebaali

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MARY LISA SEBAALI

April 13, 2005 **407-895-0324**

Date

Daytime Phone #

STAPLE CHECK HERE