2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9900001424 1. Entity Name								
PLAZA PROPERTIES, LTD.					SEGRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business 1834 MAIN STREET SARASOTA FL 34236 Mailing Address 1834 MAIN STREET SARASOTA FL 34236 SARASOTA FL 34236-5912				00 MAY = 1 AM 10: 33				
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & State LONG BOAT KEY FL City & State					4. FEI Number Applied For Not Applicable			
342	Country S.A. Zip Co			try	5. Certificate of Status Desired			
CHANDLER, JAMES R III 1834 MAIN STREET				Name Street Address (Address (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34236				City Zip Code			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.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
9. Capital Contributions as Shown on record. 10. Amount of Capital Contribution in FLORIDA to date.					TEDED AND AC		FOR FEE INFORMATION	
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				ADDRESS CHANGES ONLY				
OOCUMENT # NAME STREET ADORESS	CHANDLER, JAMES R III 3851 TANGIER TERRACE SARASOTA FL 34329			ET ADDRESS		· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP				- ST- ZIP				
DOCUMENT# NAME	FORLENZA, MARC 108 SUNRISE LANE NOKOMIS FL 34275			ET ADDRESS	V (CB WIAID 31			
STREET ADDRESS CITY-ST-ZIP				-\$T-ZIP C	1-21 OSAREY, FL. 34229.			
DOCUMENT / NAME STREET ADDRESS	SARASOTA FL 34232 BONFRERE, NICHOLAS			ET ADORESS		·············		
CITY - ST - ZIP				- ST - ZIP ET ADORESS	8000032863880 -06/13/00=-01024003 ****526.25 *****526.25			
NAME Street address City-St-Zip				-ST-ZIP			-	
DOCUMENT#	OALNOOTA LE GIZOG		STRE	ET ADDRESS				
STREET ADDRESS CITY- ST- ZIP				- ST- ZIP				
DOCUMENT# NAME			STR	ET ADDRESS				
STREET ADDRESS CITY - ST _W ZBP	CITY-ST _₹ ZBP							
14. I hereby certify that the information supplied with this filling 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 rnade 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Description of Description								