

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 23 PM 4:42

DOCUMENT # A99000001703	
1. Entity Name BIG LOTS PLAZA LIMITED	



Principal Place of Business 666 SHERBROOKE ST. W., #2300 MONTREAL, QC H3A1E-7	Mailing Address 666 SHERBROOKE ST. W., #2300 MONTREAL, QC H3A1E-7
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04152008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0954467	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
S MEHTA, HOSHEDAR 1975 E. SUNRISE BLVD. #626 FORT LAUDERDALE, FL 33304	

7. Name and Address of New Registered Agent	
Name Steven W. Deutsch	
Street Address (P.O. Box Number is Not Acceptable)	
621 N.W. 53rd Street, Suite 420	
City Boca Raton	FL Zip Code 33487

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 APR 16th, 2008

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 #	P99000091192	STREET ADDRESS	666 Sherbrooke West #2300
NAME	BIG LOTS PLAZA CORP.	CITY-ST-ZIP	Montreal QC H3A1E7
STREET ADDRESS	1975 E. SUNRISE BLVD., #626		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		
DOCUMENT #		STREET ADDRESS	400125117274
NAME		CITY-ST-ZIP	04/22/08--01042--026 **500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400125117274
NAME		CITY-ST-ZIP	04/22/08--01042--027 **8.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing 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:	DATE: APR 16, 2008 (54) 8456393