


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A99000002170		
1. Entity Name C. PLAZA OF SARASOTA, LTD.		

FILED

05 APR 19 PM 3:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 4141 S. TAMiami TRAIL, SUITE 15 SARASOTA, FL 34231	Mailing Address PO BOX 18419 SARASOTA, FL 34276
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2. Principal Place of Business 2941 SEASONS BLVD.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA FL		City & State	
Zip 34240	Country USA	Zip	Country

01112005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0975484	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent INGANAMORT, MILFORD 2941 SEASONS BLVD. SARASOTA, FL 34240	
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,250,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P99000109823	STREET ADDRESS	
NAME	CHIL'S PLAZA DEVELOPMENT CORP.	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 18419		
CITY-ST-ZIP	SARASOTA, FL 34276		
DOCUMENT #		STREET ADDRESS	300054022993
NAME		CITY-ST-ZIP	05/06/05--01087--008 **526.25
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STREET ADDRESS			
CITY-ST-ZIP			

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

SIGNATURE: MILFORD INGANAMORT 4/15/05 9419224600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE