

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000002170**

1. Entity Name

C. PLAZA OF SARASOTA, LTD.



Principal Place of Business

2941 SEASONS BLVD  
SARASOTA, FL 34240

Mailing Address

PO BOX 18419  
SARASOTA, FL 34276



04032006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0975484

Applied For

Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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

DOCUMENT # P99000109823  
NAME CHILI'S PLAZA DEVELOPMENT CORP.  
STREET ADDRESS P.O. BOX 18419  
CITY-ST-ZIP SARASOTA, FL 34276

DOCUMENT #  
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CITY-ST-ZIP

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UD00000521627  
05/02/06-80143-010 500.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/17/06

941 922 4600

Date

Daytime Phone #

STAPLE CHECK HERE