200	d UNIFORM BUS	Siness repo	ORT	(UBR)	_	i	
DOCUMENT# 2 DO 0000000000000000000000000000000000					FIL	ED :	
PLAZA PARTNERSEP, LTD.					01 JUL -6 PM 1: 03		
Principal Pla	Principal Place of Business Mailing Address				SECRETARY OF STATE		
C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE, SUITE 1101E WEST PALM BEACH FL 33401		C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE. SUITE 1101E WEST PALM BEACH FL 33401		TALLAHASSE	E. FLORID	Α	
Principal Place of Business 3. Mailing Address			· · · · · · · · · · · · · · · · · · ·				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & Sta	ate	City & State	k State		4. FEI Number		Applied For X Not Applicable
Zip	Country Zip		Country		5. Certificate of Status D	esired -	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
SHEWALTER, WILLIAM C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE					t Address (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33401				City		F	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. 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 Contributions in FLORIDA to date. 10. Amount of Capital Contributions SEE REVERSE SIDE 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						SS CHANGES C	
DOCUMENT # NAME	M0000000618 PLAZA GP LLC 777 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401		STREET A	ADDRESS	0.0000000000000000000000000000000000000		
STREET ADDRESS CITY-ST-ZIP			CITY-ST	- ZIP	-07/06/0101109011 ****150.00 ****150.00		01109011
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NAME STREET ADDRESS			STREET A		- · · · · · · · · · · · · · · · · · · ·		
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CITY-ST-ZIP DOCUMENT #	•		CITY-ST-	ľ		<u>. </u>	
NAME STREET ADDRESS			STREET AC			<u> </u>	· _
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 PLAZA GP, LLC, General partners, by: Goodman Properties, Inc., its manager							
14 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (
SIGNATURE: // SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Dayling Phone #							