


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # B96000000181	
1. Entity Name TURNERY DUNHAM PLAZA PARTNERS LIMITED PARTNERSHIP	

Principal Place of Business 5277 STATE ROAD PARMA OH 44134	Mailing Address 5277 STATE ROAD PARMA OH 44134
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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

4. FEI Number 34-1480470	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FREDERICK, MARK 737 HIGHWAY 98 DESTIN FL 32541
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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 _____ Signature, typed or printed name of registered agent and title if applicable. **DATE** _____

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	NAME	STREET ADDRESS	
STREET ADDRESS	BASISTA, STANLEY J	CITY- ST- ZIP	
CITY- ST- ZIP	8151 DAVENTREE DRIVE BRECKSVILLE OH 44141		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	BASISTA, THOMAS M	CITY- ST- ZIP	
CITY- ST- ZIP	23503 WINGED FOOD DRIVE WESTLAKE OH 44145		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	DAVIS, F. GERARD	CITY- ST- ZIP	
CITY- ST- ZIP	6730 QUEENS WAY NORTH ROYALTON OH 44133		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	BRENNER, R. CHAD	CITY- ST- ZIP	
CITY- ST- ZIP	9255 AMBER WOOD DRIVE KIRTLAND OH 44094		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY- ST- ZIP	
CITY- ST- ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY- ST- ZIP	
CITY- ST- ZIP			

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:  **4/20/2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE