

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # B97000000179 1. Entity Name SOUTHSIDE PLAZA LIMITED PARTNERSHIP					
Principal Place of Business 60 BROAD STREET STE. 3503 NEW YORK, NY 10004			Mailing Address 60 BROAD STREET STE. 3503 NEW YORK, NY 10004		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc			Suite, Apt #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 58-2323019	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JOSEPH, JERRY 100 GOLDEN ISLES DR., SUITE 1204 HALLANDALE, FL 33009				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record \$350,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 # F97000001939 NAME SOUTHSIDE PLAZA INC. STREET ADDRESS 60 BROAD ST., STE. 3503 CITY-ST-ZIP NEW YORK, NY 10004			STREET ADDRESS CITY-ST-ZIP <div style="text-align: right; font-family: monospace;"> 000000363758 05/05/05-80012-003 526.25 </div>		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <i>Judy Eckstein</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> </div> <div> JUDY ECKSTEIN <small>Date</small> </div> <div> 4/27/05 <small>Daytime Phone #</small> </div> <div> 212-668-0101 </div> </div>					

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