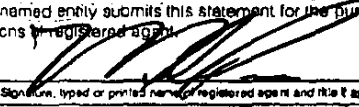


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

APPROVED
AND
FILED

04 APR -9 PM 4: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B97000000547					
1. Entity Name PLANO PARTNERSHIP, LTD.					
Principal Place of Business 225 CRESCENT DR. MT. DORA FL 32757			Mailing Address 2255 CRESCENT DR. MT. DORA FL 32757		
2. Principal Place of Business 4426 N. Orange Blossom Trail Suite, Apt. #, etc.			3. Mailing Address 4426 N. Orange Blossom Trail Suite, Apt. #, etc.		
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 59-2210849	
Zip 32804	Country USA	Zip 32804	Country USA	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, MORRIS 777 S. FLAGLER DRIVE, #300-E WEST PALM BEACH FL 33401			7. Name and Address of New Registered Agent Name Morris C. Brown Street Address (P.O. Box Number is Not Acceptable) 777 S. Flagler Drive, Suite 300E City West Palm Beach FL Zip Code 33401		
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, the registered agent.					
SIGNATURE 			DATE		
9. Capital Contributions as Shown on record. \$0.00			10. Amount of Capital Contributions in FLORIDA to date. -0-		
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	4426 N. Orange Blossom Trail	
NAME	TRAWEK, JAMES W		CITY-ST-ZIP	Orlando, FL 32804	
STREET ADDRESS	2255 CRESCENT DR.				
CITY-ST-ZIP	MT. DORA FL 32757				
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP	900032976209	
STREET ADDRESS			04/16/04 01065 013 **141.25		
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
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DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
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 partners the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			2/24/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE