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	Mailing Address
2255 CRESCENT DR. MT. DORA FL 32757	2255 CRESCENT DR. MT. DORA FL 32757

MOORE CR2E003 (11/03)

2. Principal Place of Business	3. Mailing Address
4426 N. Orange Blossom Trail	4426 N. Orange Blossom Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32804 Country: USA	Zip: 32804 Country: USA

4. FEI Number: 59-2210849 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, MORRIS
~~RISOLFO, PHILLIP T JR.~~
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 registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. DATE ______

9. Capital Contributions as Shown on record. $0.00

10. Amount of Capital Contributions in FLORIDA to date. -0-

MAKE CHECK PAYABLE TO FL DEPT OF STATE — 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	4426 N. Orange Blossom Trail
NAME	TRAWEEK, JAMES W		
STREET ADDRESS	2255 CRESCENT DR.		
CITY-ST-ZIP	MT. DORA FL 32757	CITY-ST-ZIP	Orlando, FL 32804
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	

900032976209
04/16/04 01065 013 **141.25

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.

SIGNATURE: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 2/24/04 Daytime Phone #

STAPLE CHECK HERE