

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 FEB 28 AM 11:26

DOCUMENT # B98000000426

1. Entity Name
 GARDEN PLAZA LIMITED PARTNERSHIP OF PARADISE



Principal Place of Business
 P.O. BOX 137
 GREENDALE, WI 53124-0137

Mailing Address
 P.O. BOX 137
 GREENDALE, WI 53124-0137



2. Principal Place of Business
 4811 S 76th Street
 Suite, Apt. #, etc.
 Suite #211

3. Mailing Address
 4811 S 76th Street
 Suite, Apt. #, etc.
 Suite #211

01172005 Chg-LP CR2E003 (10/03)

City & State
 Greenfield, WI
 Zip Country
 53220 USA

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 Greenfield, WI
 Zip Country
 53220 USA

4. FEI Number
 39-1709240
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FORLIZZO, ROBERT A
 2903 RIGSBY LANE
 SAFETY HARBOR, FL 34695

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

9. Capital Contributions
 as Shown on record. \$264,000.00

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

DOCUMENT #
 NAME SCHLYTTER, ROBERT O SR.
 STREET ADDRESS P.O. BOX 137 (5111 S. 76TH ST., 2ND FLOOR
 CITY-ST-ZIP GREENDALE, WI 531290137

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 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 4811 S 76th Street Suite #211
 CITY-ST-ZIP Greenfield, WI 53220

STREET ADDRESS
 CITY-ST-ZIP
 400047876084
 03/08/05--01013--005 **526.25

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 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 partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Robert O. Schlytter ROBERT O SCHLYTTER 7/29/05 414/281-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE