


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 13, 2007 08:00 A
Secretary of State

DOCUMENT # A04000000974	
1. Entity Name DDA MANAGEMENT SERVICES, LTD.	

Principal Place of Business 7475 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321	Mailing Address 7475 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321
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DO NOT WRITE IN THIS SPACE



03122007 No Chg-LP CR2E003 (12/06)

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

6. Name and Address of Current Registered Agent

GREEN, MITCHELL F
 KRAMER, GREEN, ZUCKERMAN, GREENE & BUCHSBA
 4000 HOLLYWOOD BLVD., SUITE 485 SOUTH
 HOLLYWOOD, FL 33021

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 #	L04000012468
NAME	DDA MANAGEMENT G.P., L.L.C.
STREET ADDRESS	7475 NORTH UNIVERSITY DRIVE
CITY-ST-ZIP	TAMARAC, FL 33321
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000706107
 04/24/07-80020-020 500.00

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:  **Nicholas C. Katz** 4-9-07 954-721-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STATE OF FLORIDA