

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

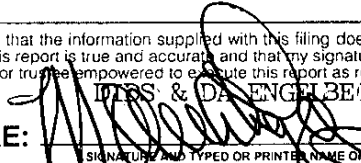
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04182007 Chg-LP CR2E003 (12/06)

DOCUMENT # A06000000475					
1. Entity Name DIDS & DA LIMITED PARTNERSHIP					
Principal Place of Business 4040 SHERIDAN STREET HOLLYWOOD, FL 33021			Mailing Address 4040 SHERIDAN STREET HOLLYWOOD, FL 33021		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ENGELBERG, MORRIS C/O M. ENGELBERG & L. MILGRIM, P.A. 4040 SHERIDAN STREET HOLLYWOOD, FL 33021			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<p align="center"><b>FILE NOW!!! FEE IS \$500.00</b>  <b>After May 1, 2007, Fee will be \$900.00</b></p> <p align="center"><b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>  <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b></p>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	DIDS & DA ENGELBERG, INC.		STREET ADDRESS		
NAME	4040 SHERIDAN STREET		CITY - ST - ZIP		
STREET ADDRESS	HOLLYWOOD, FL 33021		STREET ADDRESS	000101953380	
CITY - ST - ZIP			CITY - ST - ZIP	05/09/07--01040--023 **\$500.00	
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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NAME			CITY - ST - ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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					
DIDS & DA ENGELBERG, INC.					
SIGNATURE: 			Morris Engelberg, Secretary 04/18/2007 954-966-3900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE