

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

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A29712 1. Entity Name DMK PROPERTIES, LTD.	
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Principal Place of Business 3200 N.W. 119TH STREET MIAMI FL 33167	Mailing Address 3200 N.W. 119TH STREET MIAMI FL 33167
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

KOSSMAN, DAVID 3200 N.W. 119TH STREET MIAMI FL 33167
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4. FEI Number 65-0176978	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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.

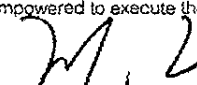
SIGNATURE	DATE
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9. Capital Contributions as Shown on record. \$925,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A 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 #	L11663	STREET ADDRESS	
NAME	KOS'S PAPER COMPANY	CITY-ST- ZIP	
STREET ADDRESS	3200 N.W. 119TH STREET		
CITY-ST- ZIP	MIAMI FL		
DOCUMENT #		STREET ADDRESS	U000000145264
NAME		CITY-ST- ZIP	05/03/04-80018-006 526.25
STREET ADDRESS			
CITY-ST- ZIP			
DOCUMENT #		STREET ADDRESS	
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CITY-ST- ZIP			
DOCUMENT #		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 19.07(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: 	Date 4/20/04	Daytime Phone #
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER