2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011654 AT

DOCUMENT # A30856

1. Entity Name
DC ASSOCIATES, LTD.

FILED
03 JAN 21 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8890 WEST OAKLAND PARK BLVD. SUITE 201 FT. LAUDERDALE FL 33351	8890 WEST OAKLAND PARK BLVD. SUITE 201 FT. LAUDERDALE FL 33351

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 65-0233589 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ECHION U.S.A., INC. 8890 WEST OAKLAND PARK BLVD., SUITE 201 FT. LAUDERDALE FL 33351	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
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$61,000.00		

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M89579	STREET ADDRESS	
NAME	ECHION U.S.A., INC.		
STREET ADDRESS	8890 W. OAKLAND PK BLVD.	CITY-ST-ZIP	
CITY-ST-ZIP	FT. LAUDERDALE FL		
DOCUMENT #	L51506	STREET ADDRESS	
NAME	CHAMBLISS DEV. CORP.		
STREET ADDRESS	201 N.W. 127TH AVE.	CITY-ST-ZIP	500010403495 01/21/03--01106--020 **515.75
CITY-ST-ZIP	PLANTATION FL		
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	M THOMAS 1/23
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

CR2E003 (10/02)

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 REQUIRED G. Calvo 1-10-03 (954) 745-8540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #