

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Jun 10, 2005 08:00 AM
Secretary of State

DOCUMENT # A94000000504					
1. Entity Name DADELAND STATION ASSOCIATES, LTD.					
Principal Place of Business 2665 SOUTH BAYSHORE DR., SUITE 1200 MIAMI FL 33133			Mailing Address 2665 SOUTH BAYSHORE DR., SUITE 1200 MIAMI FL 33133		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0480941	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DADELAND DEPOT, INC. 2665 S. BAYSHORE DR., S-1200 MIAMI FL 33133				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 _____ Signature, typed or printed name of registered agent and title if applicable					
9. Capital Contributions as Shown on record.		\$1,000.00		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				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000027062			STREET ADDRESS	
NAME	DADELAND DEPOT, INC.			CITY- ST- ZIP	
STREET ADDRESS	2665 SOUTH BAYSHORE DR., SUITE 1200				
CITY- ST- ZIP	MIAMI FL 33133				
DOCUMENT #				STREET ADDRESS	
NAME				CITY- ST- ZIP	
STREET ADDRESS					
CITY- ST- ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY- ST- ZIP	
STREET ADDRESS					
CITY- ST- ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY- ST- ZIP	
STREET ADDRESS					
CITY- ST- ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY- ST- ZIP	
STREET ADDRESS					
CITY- ST- ZIP					
14. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: _____				4/20/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #	



1ST MOORE CR2E003 (10/04)

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

000000309465
06/10/05-80011-004 150.00

STAPLE CHECK HERE