

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1999**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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|                                       |  |
|---------------------------------------|--|
| <p>1. Name of Limited Partnership</p> | <p>1a. DOCUMENT #<br/>A94000000601</p> |
| <p>DACRA DESIGN ASSOCIATES, LTD.</p>  |  |



|  |         |  |         |   |  |   |  |
|--|---------|--|---------|---|--|---|--|
| Mailing Address                          |         | Principal Office Address                 |         | 3. Date Formed or Registered  |  | 5a. Capital Contributions as Shown on record.                                   |  |
| 230 FIFTH STREET<br>MIAMI BEACH FL 33139 |         | 230 FIFTH STREET<br>MIAMI BEACH FL 33139 |         | 04/29/1994  |  | \$1,000.00  |  |
|  |         |  |         | 3a. Date of Last Report   |  | 5b. Amount of Capital Contributions in FLORIDA to date:                         |  |
|  |         |  |         | 11/17/1997  |  |   |  |
|  |         |  |         | 4. State or Country of Formation  |  |   |  |
| 2. Mailing Address                       |         | 2a. Principal Office Address             |         | FL  |  |   |  |
| Suite, Apt. #, etc.                      |         | Suite, Apt. #, etc.                      |         | 6. FEI Number   |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| City & State                             |         | City & State                             |         | 65-0569350  |  |   |  |
| Zip                                      | Country | Zip                                      | Country | 7. Certificate of Status Desired  |  | <input type="checkbox"/> \$8.75 Additional Fee Required                         |  |
|  |         |  |         | 8. Make check payable to: Dept. of State (See reverse side for fee information) |  |   |  |

|   |  |  |             |
|---|--|--|-------------|
| 9. Name and Address of Current Registered Agent           |  | 10. If changed, new Registered Agent/Office        |             |
| ROBINS, CRAIG<br>230 FIFTH STREET<br>MIAMI BEACH FL 33139 |  | Name   |             |
|   |  | Street Address (P.O. Box Number Is Not Acceptable) |             |
|   |  | Suite, Apt. #, etc.                                |             |
|   |  | City   | FL Zip Code |

**SIGNATURE (Registered Agent Accepting Appointment)**

DATE \_\_\_\_\_

| 11. | Name(s) of General Partner(s) | 11a. | Address of Each General Partner<br>(Do NOT Use Post Office Box Numbers) | 11b. | City, State & Zip Code | 11c. | Registration/<br>Document Number |
|-----|-------------------------------|------|---|------|------------------------|------|----------------------------------|
|     | DACRA DESIGN ASSOCIATES, INC  |      | 230 FIFTH STREET  |      | MIAMI BEACH FL 33139   |      | P94000032681                     |

CR2E003 (8/98)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

**SIGNATURE**

DATE \_\_\_\_\_

11/20/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

Mr. Craig Robins, Pres. Daytime Telephone Number 703-441-1111  
Dorco Delian Assoc. Inc. General Partner