

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY -1 PM 3:00

**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

04092008 Chg-LP CR2E003 (12/06)

4. FEI Number **20-4625024**  
**APPLIED FOR**

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

**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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIDS & DA ENGELBERG, INC.  
4040 SHERIDAN STREET  
HOLLYWOOD, FL 33021**

STREET ADDRESS  
CITY-ST-ZIP  
**400127241894  
04/30/08--01010--023 \*\*500.00**

DOCUMENT #  
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STREET ADDRESS  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**MORRIS ENGELBERG, SECRETARY**

**04/17/08 954-966-3900**

Daytime Phone #

Daytime Phone #

STAPLE CHECK HERE