

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -3 PM 2: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000705

1. Entity Name  
DNP PARTNERS, LLLP



Principal Place of Business  
2300 GLADES ROAD  
SUITE 100E  
BOCA RATON, FL 33431

Mailing Address  
2300 GLADES ROAD  
SUITE 100E  
BOCA RATON, FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242005

Chg-LP

CR2E003 (10/03)

4. FEI Number

65-1113894

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

DNP EQUITY CORP.  
2300 GLADES ROAD  
SUITE 100E  
BOCA RATON, FL 33431

Name  
DNP Equity, LLC

Street Address (P.O. Box Number is Not Acceptable)  
2300 Glades Road, Suite 100E

City  
Boca Raton

FL

Zip Code  
33431

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.

4/25/05

DATE

9. Capital Contributions  
as Shown on record:

\$7,500.00

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 # L02000029258  
NAME DNP EQUITY, LLC  
STREET ADDRESS 2300 GLADES ROAD 100E  
CITY-ST-ZIP BOCA RATON, FL 33431

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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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 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:

William R. Greenfield

3/3/05

561-392-6662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE