


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

FILED

04 AUG 12 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

<b>DOCUMENT # A01000000977</b>			
1. Entity Name DONCAR LIMITED PARTNERSHIP			
Principal Place of Business 2300 GLADES ROAD, SUITE 302E BOCA RATON, FL 33431		Mailing Address 2300 GLADES ROAD, SUITE 302E 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
4. FEI Number 65-1120696		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCIARRETTA, STEVEN A ESQ. 2300 GLADES ROAD, SUITE 302E BOCA RATON, FL 33431		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$1,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L01000011848	STREET ADDRESS	
NAME	DONCAR MANAGEMENT LLC	CITY-ST-ZIP	
STREET ADDRESS	2300 GLADES ROAD, SUITE 302E		
CITY-ST-ZIP	BOCA RATON, FL 33431		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		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: <u>D. W. [Signature]</u>		8/11/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



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