


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000001614					
1. Entity Name THE DNR LIMITED PARTNERSHIP					
Principal Place of Business 17898 ABERDEEN WAY BOCA RATON, FL 33496			Mailing Address 17898 ABERDEEN WAY BOCA RATON, FL 33496		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 65-0001547	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEIN, SCOTT 560 VILLAGE BLVD., STE 335 WEST PALM BEACH, FL 33409				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 \$5,940,000.00			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 #	L01000021449			STREET ADDRESS	
NAME	DNR, LLC			CITY - ST - ZIP	
STREET ADDRESS	17898 ABERDEEN WAY				
CITY - ST - ZIP	BOCA RATON, FL 33496				
DOCUMENT #				STREET ADDRESS	100000159981
NAME				CITY - ST - ZIP	04/29/04-80142-017 526.25
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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: <i>David N. Runtz</i>				3/15/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date	
				Daytime Phone #	

STAPLE CHECK HERE