


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 26, 2005 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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04082005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0001547	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>	DATE _____
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9. Capital Contributions as Shown on record. \$5,940,000.00	10. Amount of Capital Contributions in FLORIDA to date
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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	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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04/26/05-80010-024 526.25

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>[Signature]</i>	4/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	
Date	Daytime Phone #

STAPLE CHECK HERE