## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## FILED Due By May 1, 2006 Mar 16, 2006 08:00 AM Secretary of State **DOCUMENT # A01000001614** THE DNR LIMITED PARTNERSHIP Principal Place of Business Malling Address 17898 ABERDEEN WAY 17898 ABERDEEN WAY BOCA RATON, FL. 33496 BOCA RATON, FL 33496 01122006 No Cha-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0001547 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent STEIN, SCOTT DO NOT WRITE 560 VILLAGE BLVD., STE 335 WEST PALM BEACH, FL 33409 IN THIS SPACE 5. 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, typeri or printed name of registered agent and this if applicable. <u> บบิบิบิบิบิบิบิ</u>บิ FILE NOW!!! FEE 13 \$500.00 After May 1, 2008, Fee will be \$900.00 03/27/06-80007-002 500.00 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 L01000021449 DOCUMENT # DNR, LLC NAME 17898 ABERDEEN WAY STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 DOCUMENT # NAME STREET ADDRESS CITY-ST-20 DOCUMENT # NAME DO NOT WRITE STREET ADDRESS COTY-ST-2IP IN THIS SPACE DOCUMENT # MAKE STREET ADDRESS CITY-ST-ZP DOCUMENT #

14. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information inclicated 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 pertnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

NAME STREET ATHRESS CITY-ST-ZIP

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

STAPLE

RINTED NAME OF BIOMING GENERAL PARTNER