

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT# A01000001614

1. Entity Name

THE DNR LIMITED PARTNERSHIP



FILED

03 APR 10 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

DO NOT WRITE IN THIS SPACE

17898 ABERDEEN WAY 17898 ABERDEEN WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1

City & State

City & State

4. FEI Number

Applied For

BOCA RATON, FL

BOCA RATON, FL

#65-0001647

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

33496

USA

33496

USA

7. Name and Address of Current Registered Agent

Name

SCOTT STEIN CPA

Street Address (P.O.-Box Number is Not Acceptable)

560 VILLAGE BLVD, #335

City

WEST PALM BEACH FL

Zip Code

33409

**DO NOT WRITE
IN THIS SPACE**

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.

700015648097

04/10/03--01056--016 DATE **526.25

9. Capital Contributions

as Shown on record.

\$3,131,786

10. Amount of Capital Contributions

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT #

L01000021449

NAME

DNR, LLC

STREET ADDRESS

17898 ABERDEEN WAY

CITY-ST-ZIP

BOCA RATON, FL 33496

STREET ADDRESS

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DOCUMENT #

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CITY-ST-ZIP

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IN THIS SPACE**

M THOMAS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

David A. Powell

4/7/03

CR2E003B (12/02)