


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT #</b> A01000001628 <b>1. Entity Name</b> DPQ ASSOCIATES, LTD.	
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<b>Principal Place of Business</b> 560 LINCOLN ROAD SUITE 204 MIAMI BEACH FL 33139	<b>Mailing Address</b> 560 LINCOLN ROAD SUITE 204 MIAMI BEACH FL 33139
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E003 (10/06)

<b>4. FEI Number</b> 30-0025592	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  DANIELS, NICHOLAS M ESQ. ONE S.E. 3RD AVE. SUITE 2400 MIAMI FL 33131
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<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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**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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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	
<b>DOCUMENT #</b>	P01000118645	<b>STREET ADDRESS</b>	
<b>NAME</b>	QUITTNER GROUP, INC.	<b>CITY- ST- ZIP</b>	
<b>STREET ADDRESS</b>	560 LINCOLN ROAD SUITE 204		
<b>CITY- ST- ZIP</b>	MIAMI BEACH FL 33139		
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>			U000000689967
<b>STREET ADDRESS</b>		<b>CITY- ST- ZIP</b>	04/11/07-80055-022 500.00
<b>CITY- ST- ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY- ST- ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY- ST- ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY- ST- ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY- ST- ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY- ST- ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY- ST- ZIP</b>			

**14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Robert Quittner 2/30/07 (305) 531-3535

Date

Daytime Phone #

STAPLE CHECK HERE