


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000000947 1. Entity Name DKB LIMITED PARTNERSHIP, LLLP					
Principal Place of Business 4296 RIPKEN CIRCLE EAST JACKSONVILLE, FL 32224			Mailing Address 4296 RIPKEN CIRCLE EAST JACKSONVILLE, FL 32224		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
02202004		Chg-LP		CR2E003 (10/03)	
4. FEI Number 56-2282547				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRANT, ABRAHAM, REITER & MCCORMICK, P.A. 50 NORTH LAURA ST., STE. 2750 JACKSONVILLE, FL 32202			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. \$2,000,000.00		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 #	L02000013589		STREET ADDRESS	1100000161663	
NAME	DKB MANAGEMENT ENTERPRISES, LL		CITY-ST-ZIP	05/27/04-80005-003 526.25	
STREET ADDRESS	4296 RIPKEN CIRCLE EAST				
CITY-ST-ZIP	JACKSONVILLE, FL 32224				
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STREET ADDRESS					
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>Don Borstein</i> DON BORSTEIN			Date 4/15/04 Daytime Phone # 904/993-3242		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE