

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A02000001620

1. Entity Name
DRLP, LTD.



Principal Place of Business
**300 S.E. 2ND STREET, 8TH FLOOR
FORT LAUDERDALE, FL 33301**

Mailing Address
**300 S.E. 2ND STREET, 8TH FLOOR
FORT LAUDERDALE, FL 33301**



01052006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3766823

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JONES, PATRICIA
C/O STILES CORPORATION
300 S.E. 2ND STREET, 10TH FL
FORT LAUDERDALE, FL 33301**

**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.

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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

DOCUMENT # **P02000128422**
NAME **DRLP, INC.**
STREET ADDRESS **300 S.E. 2ND STREET, 8TH FLOOR**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

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04/27/06-80002-015 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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: **Terry Stiles**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/13/06 954-627-9300

Date

Daytime Phone #