2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 22 PM 3:48

DOCUMENT # A02000001620

1. Entity Name
DRLP, LTD.

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

04282008 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
450 E Las Olas Blvd	450 E Las Olas Blvd.
Suite, Apt. #, etc.: Suite 1500	Suite, Apt. #, etc.: Suite 1500
City & State: Ft. Lauderdale FL	City & State: Ft. Lauderdale, FL
Zip: 33301 Country:	Zip: 33301 Country:

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	7. Name and Address of New Registered Agent
SERVICE U.S.A., INC. 450 E. LAS OLAS BLVD., SUITE 1500 FORT LAUDERDALE, FL 33301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 $500.00
After May 1, 2008, 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	13.	ADDRESS CHANGES ONLY
DOCUMENT #	S33245	STREET ADDRESS	
NAME	DANIELS ROAD PROPERTY MANAGEMENT, INC.		
STREET ADDRESS	450 E. LAS OLAS BLVD., SUITE 1500	CITY-ST-ZIP	700123801687 05/19/08--01033--009 **500.00
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		
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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: Cris V Brandon 4/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #