

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A03000000223**

1. Entity Name  
**DSS PLYMOUTH, LTD.**



Principal Place of Business  
**7777 GLADES ROAD, SUITE 201  
BOCA RATON, FL 33434**

Mailing Address  
**7777 GLADES ROAD, SUITE 201  
BOCA RATON, FL 33434**



01162006 No Chg-LP

CR2ED03 (11/05)

4. FEI Number  
**51-0445525**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CROWE, MELISSA  
7777 GLADES ROAD, SUITE 201  
BOCA RATON, FL 33434**

**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 # **LQ2000016516**  
NAME **SC UNITED LLC**  
STREET ADDRESS **7777 GLADES ROAD, SUITE 201**  
CITY - ST - ZIP **BOCA RATON, FL 33434**

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000000471439  
03/28/06-80054-012 500.00

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Melissa Crowe 31-06 (561) 483-2330**

Date

Daytime Phone #