## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 14, 2007

	Due by Septi	ember 14, 2007				CCon-	FILLER		
DOCUMENT # A0400001412  1. Entity Name DP-TA ASSOCIATES, LTD.					SECRETARY OF STATE DIVISION OF CORPORATIONS				
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Principal Place of Business Mailing Address 703 WATERFORD WAY 703 WATERFORD WAY									
SUITE 800 SUITE 800									
MIAMI, FL 3	3126- <b>4677</b>				CIN BIRM CRIII BEIII	BENN BRIN BENEAU		1 1	
Principal Place of Business - No P.O. Box #     3. Mailing Address									
703 waterfeed vitry 703 waterfeet Suite, Apt. #, etc. Suite, Apt. #, etc.				<b>Y</b>					
Suite 800 Suite 800					06202007	Chg-LP	CR2E	003 (12/06	<u> </u>
City & State  City & State  Miami, FL  Miami, FL					4. FEI Number 74-3132				Applied For Not Applicable
Zip   Country   Zip •			Country			ate of Status Desired S8.75 Additional			
33126 33126 6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						red
PITTS, W. DOUGLAS								<del> </del>	
703 WATE	RFORD WAY	P.O. Box Number		able)					
SUITE 800 MIAMI, FL 33126-4677 — Palace and dry									
City E Zio Code									
8. The above named entity submits this statement for the pyripose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept									
the obligat	tions of registered agent.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	<b>-</b>					,
SIGNATURE									
FILE NOW!!! FEE IS \$500.00 In accordance with s. 607.193(2)(the limited partnership did not rec								2)(b), F.S.,	
Due by September 14, 2007 the limited partnership did not receive the prior notice.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.									
	NOTE: General Partners MA	MAT IS A BUSINESS ENTIT Y NOT be changed on the t	TY MUST B form; an a	e REGIS nendmer	TERED AND AG nt must be filed	CTIVE WITH I to change a	THIS OFFIC a general pa	E. rtner.	
12.	GENERAL PARTNEF	RINFORMATION	13.			ADDRESS	CHANGES ON	ILY	
NAME	NEWCASTER DEVCORP, INC.			s	703 wa	terford	MOLV	Suite	loo
STREET ADDRESS CITY+ST-ZIP	700 1771 278 2771		CITY-ST-ZIP				•		7.
DOCUMENT /	MIAMI, FL 33126		_		Miami+	FL. 3	3126		Bri
NAME			STREET ADDRES	s		<del> </del>	·		
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DOCUMENT #			STREET ADDRES	s			<u> </u>		, , <u>, , , , , , , , , , , , , , , , , </u>
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CITY+ST-ZIP		<u></u>	CITY-ST-ZIP						
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NAME STREET ADDRESS									
CITY-ST-ZIP			CITY-ST-ZIP						
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 empowers a execute this report as required by Chapter 620, Florida Statutes									
or the rec	ceiver or trustee empowered to execute	report as required by Chapti	er 620, Florio	a Statutes		, ,			
SIGNAT	URE:				4	120/07	30-	26/-4	330
	SIGNATURE AND TYPED	PRINTED NAME OF SIGNING GENERAL P	PARTNER	Alest	<u>'</u>	D€te	<u> </u>	Daytime Phone I	