

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # A06000000123

1. Entity Name
DIM-GOVERNORS TOWN SQUARE LIMITED PARTNERSHIP



Principal Place of Business
**ONE FINANCIAL PLAZA, SUITE 2001
FORT LAUDERDALE, FL 33394**

Mailing Address
**ONE FINANCIAL PLAZA, SUITE 2001
FORT LAUDERDALE, FL 33394**



01302008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-4415868

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DBR ASSET MANAGEMENT LLC
ONE FINANCIAL PLAZA, SUITE 2001
FORT LAUDERDALE, FL 33394**

**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, 2008, Fee will be \$900.00**

000000857899
04/01/08-80023-003 500.00

**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 # **L06000005804**
NAME **DIM-GOVERNORS TOWN SQUARE, LLC**
STREET ADDRESS **ONE FINANCIAL PLAZA, SUITE 2001**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33394**

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IN THIS SPACE**

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

Date

Daytime Phone #

03-04-2008 954-375-2081

STAPLE CHECK HERE