

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**DOCUMENT # A09460**

1. Entity Name

DARCY PARTNERSHIP, LTD.



Principal Place of Business Mailing Address

ONE WEST SAMPLE ROAD, SUITE 101  
POMPANO BEACH FL 33064

ONE WEST SAMPLE ROAD, SUITE 101  
POMPANO BEACH FL 33064

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2209670

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

1st MOORE CR2E003 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELD, MICHAEL J  
ONE WEST SAMPLE ROAD, SUITE 101  
POMPANO BEACH FL 33064

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

Signature, typed or printed name of registered agent and title if applicable

4/3/07

Date

**FILE NOW!!! Fee is \$200. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
HELD, MICHAEL J.  
ONE WEST SAMPLE ROAD, SUITE 101  
POMPANO BEACH FL 33064

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

000000712312  
04/26/07-80042-011 508.75

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STREET ADDRESS

CITY-STATE-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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/3/07

Date

954-451-2308

Daytime Phone #

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

STAPLE CHECK HERE