

LIMITED PARTNERSHIP ANNUAL REPORT (AR)

DOCUMENT # A09460

1. Entity Name

DARCY PARTNERSHIP, LTD



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 31 AM 11:08

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
ONE WEST SAMPLE RD.

3. Mailing Address
SAME

CR2E003B (12/05)

Suite, Apt. #, etc
203

Suite, Apt. #, etc
SAME

DUE BY MAY 1

City & State
POMPAÑO BEACH

City & State
FLORIDA

4. FEI Number
59-2209670

Applied For
Not Applicable

Zip
33064

Country
Broward

Zip
SAME

Country
SAME

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Michael J. Held

Street Address (P.O. Box Number is Not Acceptable)
One West Sample Road, Suite 203

City
Pompano Beach

FL

Zip Code
33064

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

11. Jan. - May 1 Fee is \$500.00
After May 1, Fee is \$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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**Held, Michael J.
One West Sample Rd. #203
Pompano Beach, FL 33064**

13.

STREET ADDRESS
CITY-ST-ZIP
**800139368958
12/30/08--01011--005 **534.19**

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REINSTATEMENT 2008
W/P/P - Let

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS
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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

Michael J. Held

12/19/08 954-491-2300

STAPLE CHECK HERE