


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A12058			
1. Entity Name DCCC LIMITED PARTNERSHIP			
Principal Place of Business 801 SKOKIE BOULEVARD SUITE 106 NORTHBROOK IL 60062		Mailing Address 801 SKOKIE BOULEVARD SUITE 106 NORTHBROOK IL 60062	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HKES&F REGISTERSD AGENT CORP. 2601 S. BAY SHORE DR., SUITE 600 MIAMI FL 33133		7. Name and Address of New Registered Agent 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		DATE	
9. Capital Contributions as Shown on record \$101,900.00		10. Amount of Capital Contributions in FLORIDA to date.	
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- ST- ZIP	LEFKOVITZ, SIGMUND 669 DUNDEE GLENCOE IL	STREET ADDRESS CITY- ST- ZIP	00000033/205 04/26/05-80007-004 526.25
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS CITY- ST- ZIP	
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS CITY- ST- ZIP	
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS CITY- ST- ZIP	
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS CITY- ST- ZIP	
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS CITY- ST- ZIP	




1ST MOORE CR2E003 (10/04)

4. FEI Number 36-3199543 Applied For Not Applicable

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

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4/11/05 847-564-1880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: Sigmund Lefkovitz Date Daytime Phone #

STAPLE CHECK HERE