

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 OCT 21 AM 9:37



1. Name of Limited Partnership DARO, LTD.		1a. DOCUMENT # A14977	
Mailing Address POST OFFICE BOX 991 DUNEDIN FL 34697		Principal Office Address POST OFFICE BOX 991 DUNEDIN FL 34697	
2. Mailing Address Suite, Apt #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt #, etc. City & State Zip Country	
3. Date Formed or Registered 07/22/1983		5a. Capital Contributions as Shown on record \$100.00	
3a. Date of Last Report 09/21/1995		5b. Amount of Capital Contributions in FL OFFIDA to date	
4. State or Country of Formation FL		6. FEI Number 59-2404883 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SHAPIRO, DAVID 3062 EASTLAND BLVD. D-415 CLEARWATER FL 34604		10. If changed, new Registered Agent/Office Name 413 S. BAYSHORE BLVD. Street Address (P.O. Box Number Is Not Acceptable) W-5 Suite, Apt #, etc. SAFETY HARBOR City FL Zip Code 34695	
--	--	--	--

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) SHAPIRO, DAVID	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3062 EASTLAND BLVD. 413 S. BAYSHORE BLVD W-5	11b. City, State & Zip Code CLEARWATER FL SAFETY HARBOR, FL 34695	11c. Registration/Document Number 900001985609--6 -10/25/96--01029--004 ****191.25 ****191.25
--	--	---	---

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *David Shapiro, General Partner* DATE *10/14/96*
DAVID SHAPIRO, GENERAL PARTNER (813) 725-5534
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number

CR2E003 (6/96)