

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

93 APR -8 PM 3:05

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| 1. Name of Limited Partnership DARO, LTD. | 1a. DOCUMENT # A14977 |
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| 2. Mailing Address POST OFFICE BOX 696 SAFETY HARBOR, FL | 2a. Principal Office Address POST OFFICE BOX 696 SAFETY HARBOR, FL | 3. Date Formed or Registered 07/22/1983 | 5a. Capital Contributions as Shown on record. \$100.00 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 3a. Date of Last Report 10/21/1996 | |
| City & State SAFETY HARBOR, FL | City & State SAFETY HARBOR, FL | 4. State or Country of Formation FL | 5b. Amount of Capital Contributions in FLORIDA to date: |
| Zip 34695-0696 | Zip 34695-0696 | 6. FEI Number 59-2404883 | |
| | | 7. Certificate of Status Desired | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| | | 8. Make check payable to: Dept. of State (See reverse side for fee information) | |

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| 9. Name and Address of Current Registered Agent SHAPIRO, DAVID 413 S. BAYSHORE BLVD., W-5 SAFETY HARBOR FL 34695 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code |
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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) | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/Document Number |
|--|--|------------------------------------|--|
| SHAPIRO, DAVID | 413 S. BAYSHORE BLVD. | SAFETY HARBOR FL 3469 | 600002487386-- 5 -04/14/98 --01010 --010 ****141.25 ****141.25 |

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 4/1/98
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number (813) 725-5534

CR2E003 (1/2/97)