

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)


APPROVED
AND
FILED

0014304 AT

03 MAR 14 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A14977	
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1. Entity Name DARO, LTD.	Mailing Address 2348 SUNSET POINT ROAD, SUITE E CLEARWATER FL 33765
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Please change Address on file

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 5809 Nicholson Ln Apt 302 Rockville, Md 20852 Country USA
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DUE BY MAY 1, 2003	
4. FEI Number 59-2404883	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAY PEACOCK 2348 SUNSET POINT ROAD, SUITE E CLEARWATER FL 33765

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

9. Capital Contributions as Shown on record \$100.00	10. Amount of Capital Contributions in FLORIDA to date _____	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	SHAPIRO, BETTY TRUSTEE 5809 NIHOLSON LANE, #302 ROCKVILLE MD 20852
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SHAPIRO, L. ADAM TRUSTEE 5809 NIHOLSON LANE, #302 ROCKVILLE MD 20852
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	5809 Nicholson Ln. #302 Rockville, Md. 20852
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	500014068545 03/14/03--01004--001 **141.25
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STREET ADDRESS CITY-ST-ZIP	

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: DARON LTD. REQUESTED BY Betty L Shapiro 2/10/03	Date	Daytime Phone #
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STAPLE CHECK HERE

CR2E003 (10/02)