

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**DOCUMENT # A16636**

1. Entity Name

DKH PROPERTIES, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR -5 AM 10:42

Principal Place of Business

33 S. W. 2ND AVENUE  
MIAMI FL 33140

Mailing Address

108 S. MIAMI AVE., 2ND FLOOR  
MIAMI FL 33130

2. Principal Place of Business

3. Mailing Address

2670 NE 215 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
MIAMI, FL

Zip

Country

Zip

33180

Country

4. FEI Number

59-2453846

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HECHT, ALAN R  
2670 N.E. 215TH STREET  
MIAMI FL 33180

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.

\$1,487,500.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # K98233  
NAME ALSR HOLDING CORPORATION  
STREET ADDRESS 2670 NE 215TH ST.  
CITY-ST-ZIP MIAMI FL

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT # H37094  
NAME DONNER MANAGEMENT CO., INC.  
STREET ADDRESS 33 SW 2ND AVE.  
CITY-ST-ZIP MIAMI FL

STREET ADDRESS  
CITY-ST-ZIP

200032958988  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

305-935-0130

Pres. WILLIAM DONNER 04/16/04

STAPLE CHECK HERE