

2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

DOCUMENT # A16636

1. Entity Name

DKH PROPERTIES, LTD.



FILED

06 MAY 22 PM 2:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business

2670 N.E. 215 STREET
MIAMI FL 33180

Mailing Address

2670 NE 215 ST.
MIAMI FL 33180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E003 (10/05)

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

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

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

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # H37094
NAME DONNER MANAGEMENT CO, INC.
STREET ADDRESS 2670 NE 215TH ST.
CITY-ST-ZIP MIAMI FL 33180

DOCUMENT # K98233
NAME ALSR HOLDING CORPORATION
STREET ADDRESS 2670 N.E. 215 STREET
CITY-ST-ZIP MIAMI FL 33180

DOCUMENT # K32383
NAME CARPUE, INC.
STREET ADDRESS 9100 S. DADELAND BLVD., #502
CITY-ST-ZIP MIAMI FL 33156-7815

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000000501957

04/25/06-80036-005 500.00

700075105827
05/23/06--01055--014 **500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

04/05/2006 305-935-0130

STAPLE CHECK HERE