

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # A16636

1. Entity Name
DKH PROPERTIES, LTD.



Principal Place of Business
2670 N.E. 215 STREET
MIAMI, FL 33180

Mailing Address
2670 NE 215 ST.
MIAMI, FL 33180



04232008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE
IN THIS SPACE

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 \$500.00
After May 1, 2008, Fee will be \$900.00

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 331567815**

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

UD00000942462

05/29/08-80021-004 508.75

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IN THIS SPACE

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 #