## 2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

STAPLE CHECK

SIGNATURE:

## **FILED** Feb 09, 2005 08:00 AM Secretary of State DOCUMENT # A19303 1. Entity Name DGECREST LTD. Principal Place of Business Mailing Address 3111 PACES MILL ROAD, SUITE A-250 ATLANTA GA 30339 37 RIDGEVIEW DRIVE DEBARY FL 32713 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 59-2466776 Not Applicable **Z**íp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADAMS, SUSAN Street Address (P.O. Box Number is Not Acceptable) HALLMARK GROUP SERVICES OF FLORIDA, LLC GAINESVILLE FL 32607 Zip Code FL 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. 71. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. Signature typed or printed name of registered agent and title if applicable DATE Capital Contributions 10. Amount of Capital Contributions \$100.00 s Shown on record. in FLORIDA to date 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY M03000001595 POCUMENT # STHEET ADDRESS HALLMARK GROUP SERVICES OF FLORIDA, LLC NAME STREET ADDRESS 3111 PACES MILL ROAD, SUITE A-250 CHY-ST-ZP CITY-ST-ZIP ATLANTA GA 30339 DOCUMENT # SURFET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 02/09/05-80064-001 150.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - 7IP CUTY - ST - ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 DOCUMENT # STREET ADDRESS NAME \_a STREET ADDRESS CITY-ST-ZIP SE-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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

ellersen

E OF SIGNING GENERAL PARTNER