

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership  D & C - COLONIAL PLAZA LTD.	1a. DOCUMENT # A20684  GR - AR CM
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Mailing Address 1650 S.E. 17TH STREET #310 FORT LAUDERDALE FL 33316	Principal Office Address 790 E. BROWARD BLVD. SUITE 300 FT. LAUDERDALE FL 33301	3. Date Formed or Registered 09/03/1985	5a. Capital Contributions as Shown on record. \$303,323.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report 12/11/1996	5b. Amount of Capital Contributions in FL ORIDA to date:
		4. State or Country of Formation FL	6. FEI Number 59-2604778 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent CURRAN, DERRANCE W. 790 E. BROWARD BLVD. SUITE 200 FT. LAUDERDALE FL 33301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) CURRAN, DERRANCE W. DWORS, ROBERT F.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 56 HENDRICKS BLVD #2 1629 NE 4TH COURT	11b. City, State & Zip Code FT. LAUDERDALE FL FT. LAUDERDALE FL	11c. Registration/ Document Number
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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*Robert F. Dwors*

DATE

10/2/97

Typed or Printed Name of General Partner Signing Form

ROBERT F. DWORS

Daytime Telephone Number

(954) 627-5100

CR2E003 (6/97)