

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 22 PM 2:37

**DOCUMENT # A20685**

1. Entity Name  
**D & C - PORT ST. LUCIE LTD.**



Principal Place of Business  
**C/O HALLIDAY GROUP REALTY MANAGEMENT, INC.  
1800 SE TENTH AVE., #300  
FORT LAUDERDALE, FL 33316**

Mailing Address  
**C/O HALLIDAY GROUP REALTY MANAGEMENT, INC.  
1800 SE TENTH AVE., #300  
FORT LAUDERDALE, FL 33316**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Suite 210**

Suite, Apt. #, etc.

**Suite 210**

02092004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

**59-2581257**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DWORS, ROBERT F  
1 SOUTH VICTORIA PARK ROAD  
FT. LAUDERDALE, FL 33301**

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.

**\$1,195,000.00**

10. Amount of Capital Contributions  
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.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

**DWORS, ROBERT F.**

STREET ADDRESS

**1 SOUTH VICTORIA PARK ROAD**

CITY-ST-ZIP

**FORT LAUDERDALE, FL 33301**

STREET ADDRESS

CITY-ST-ZIP

**300032192813**

**04/08/04--01016--007 \*\*535.00**

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CITY-ST-ZIP

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:

*Robert F. Dwors*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Robert F. Dwors**

Date

**3/3/04**

(954) 767-0700

Daytime Phone #

STAPLE CHECK HERE