



2005-LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 08, 2005 08:00 AM
Secretary of State

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., STE. 210 FORT LAUDERDALE, FL 33316			Mailing Address C/O HALLIDAY GROUP REALTY MANAGEMENT, INC. 1800 SE TENTH AVE., STE. 210 FORT LAUDERDALE, FL 33316		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01192005 Chg-LP CR2E003 (10/03)	
Zip Country		Zip Country		4. FEI Number 59-2581257	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
5. Name and Address of Current Registered Agent DWORS, ROBERT F 1 SOUTH VICTORIA PARK ROAD FT. LAUDERDALE, FL 33301				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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 STREET ADDRESS CITY - ST - ZIP	DWORS, ROBERT F. 1 SOUTH VICTORIA PARK ROAD FORT LAUDERDALE, FL 33301		STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Robert F. Dwors</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: <i>2/8/05</i> (954) 767-0700 <small>Daytime Phone #</small>		

STAPLE CHECK HERE