

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 DEC 28 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership  D & C - BARNETT PLAZA LTD.	1a. DOCUMENT # A20686
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Mailing Address 1650 SE 17TH ST. #310 FORT LAUDERDALE FL 33316	Principal Office Address 790 EAST BROWARD BLVD. SUITE 200 CARIBANK BUILDING FORT LAUDERDALE FL 33301	3. Date Formed or Registered 09/03/1985	5a. Capital Contributions as Shown on record. \$666,004.00
2. Mailing Address One Financial Plaza Suite, Apt. #, etc. Suite 2001 City & State Fort Lauderdale FL Zip Country 33394 USA	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report 11/17/1997	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
		6. FEI Number 59-2652136	<input type="checkbox"/> Applied For <input checked="" 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 EAST 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 FL 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) DWORS, ROBERT F.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1629 NE 4TH COURT	11b. City, State & Zip Code FORT LAUDERDALE FL	11c. Registration/Document Number 900002741919--2 -01/14/99-01078-015 ***526.25 ***526.25
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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

9-14-98

Typed or Printed Name of General Partner Signing Form

Robert F. Dwors

Daytime Telephone Number

(954) 769-7152

CR2E003 (8/98)