
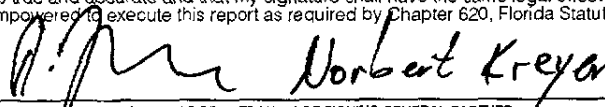


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # A21280			
1. Entity Name SEBASTIAN CENTER, LTD.			
Principal Place of Business 1627 U.S. 1 SEBASTIAN FL 32958		Mailing Address 16 NORTHEAST 4TH STREET, #110 FORT LAUDERDALE FL 33301	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2620907		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EUROMANAGEMENT INC 16 NE 4TH STREET, #110 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		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record \$1,156,000.00		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 #	P96000041990	STREET ADDRESS	
NAME	DANCU HOLDING, INC.	CITY- ST- ZIP	
STREET ADDRESS	16 N.E. 4TH STREET		
CITY- ST- ZIP	FT. LAUDERDALE FL 33301		
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
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NAME		CITY- ST- ZIP	
STREET ADDRESS			
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: 		2-8-05 954-779-7187	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



1ST MOORE CR2E003 (10/04)

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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02/28/05-80074-006 535.00

STAPLE CHECK HERE