


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Mar 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A21280</b>	
<b>1. Entity Name</b> SEBASTIAN CENTER, LTD.	

<b>Principal Place of Business</b> 1627 U.S. 1 SEBASTIAN FL 32958	<b>Mailing Address</b> 16 NORTHEAST 4TH STREET, #110 FORT LAUDERDALE FL 33301
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CRZE003 (10/05)

<b>4. FEI Number</b> 59-2620907	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> EUROMANAGEMENT INC 16 NE 4TH STREET, #110 FT. LAUDERDALE FL 33301	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**


**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	
<b>DOCUMENT #</b> P96000041990	<b>NAME</b> DANCU HOLDING, INC.	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b> 16 N.E. 4TH STREET		<b>CITY-ST-ZIP</b>	
<b>CITY-ST-ZIP</b> FT. LAUDERDALE FL 33301		<b>STREET ADDRESS</b>	
<b>DOCUMENT #</b>		<b>CITY-ST-ZIP</b>	
<b>NAME</b>		<b>STREET ADDRESS</b>	
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11000001462814  
03/21/06-80050-003 508.75

STAPLE CHECK HERE

**14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **Norbert Kreyer** 2-8-08 954-779-710