


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

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

DOCUMENT # A27399 1. Entity Name 10235 W. SAMPLE ROAD LTD.	
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Principal Place of Business 16 NORTHEAST 4TH STREET, #110 FT. LAUDERDALE FL 33301	Mailing Address 16 NORTHEAST 4TH STREET, #110 FORT LAUDERDALE FL 33301
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1ST MOORE CR2E003 (10/04)

4. FEI Number 59-2422156	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent EURO MANAGEMENT INC. 16 N.E. 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
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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	TT. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	
9. Capital Contributions as Shown on record. \$1,200,000.00	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 NE 4TH ST		
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		
DOCUMENT #		STREET ADDRESS	U00000255264
NAME		CITY-ST-ZIP	03/08/05-80006-005 535.00
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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:  **Norbert Kreyer** 2-8-05 954-779-7187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #