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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS **DOCUMENT # A28739** D & C NORTH BROWARD II, LTD. 05 MAR -2 AM 10: 56 Principal Place of Business Mailing Address C/O HALLIDAY GROUP REALTY MANAGEMENT, INC. C/O HALLIDAY GROUP REALTY MANAGEMENT, INC 1800 SE TENTH AVENUE #300 1800 SE TENTH AVENUE #300 FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. 01192005 Chq-LP CR2E003 (10/03) 1800 SE Tenth Ave, #210 1800 SE Tenth Ave, #210 City & State City & State 4. FEI Number Applied For 65-0155140 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DWORS, ROBERT F Street Address (P.O. Box Number is Not Acceptable) 1 SOUTH VICTORIA PARK ROAD FORT LAUDERDALE, FL 33301 City 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 Fiorida. | am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$93,931.25 as Shown on record. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME CURRAN, DERRANCE W. STREET ADDRESS 1015 S.E. 16TH STREET CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, FL 33316 DOCUMENT # STREET ADDRESS NAME DWORS, ROBERT F. STREET ADDRESS 1 SOUTH VICTORIA PARK ROAD CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, FL 33301 **700048062807** 03/09/05--01052--010 \*\*535.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP (VOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP EITY-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

CITY-ST-7IP

STREET ADDRESS

SIGNATURE:

STAPLE

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

(954) 767-0700