

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR -3 AM 9:17

DOCUMENT # A28739 1. Entity Name D & C NORTH BROWARD II, LTD.					
Principal Place of Business 1800 SE TENTH AVENUE #210 FORT LAUDERDALE, FL 33316			Mailing Address 1800 SE TENTH AVENUE #210 FORT LAUDERDALE, FL 33316		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01162006 Chg-LP CR2E003 (11/05) 4. FEI Number 65-0155140	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DWORS, ROBERT F 1 SOUTH VICTORIA PARK ROAD FORT LAUDERDALE, FL 33301				Name Dwors, Robert F. Street Address (P.O. Box Number is Not Acceptable) 1029 SE Second Court City Fort Lauderdale FL Zip Code 33301	
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 <u>Robert F. Dwors</u> Signature, typed or printed name of registered agent and title if applicable. Robert F. Dwors				DATE <u>1-22-06</u>	
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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 #	NAME		STREET ADDRESS		
NAME	CURRAN, DERRANCE W.		CITY-ST-ZIP		
STREET ADDRESS	1015 S.E. 16TH STREET				
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	DWORS, ROBERT F.		CITY-ST-ZIP		
STREET ADDRESS	1 SOUTH VICTORIA PARK ROAD				
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301				
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
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 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: <u>Robert F. Dwors</u>			Date <u>1-22-06</u>		Daytime Phone # <u>(954) 767-0700</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Robert F. Dwors					

STAPLE CHECK HERE