

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC -1 AM 9:47 <i>mtm 12/2</i>	
1. Name of Limited Partnership DACRA DESIGN ASSOCIATES, LTD.		1a. DOCUMENT # A94000000601			
Mailing Address 230 FIFTH STREET MIAMI BEACH FL 33139		Principal Office Address 230 FIFTH STREET MIAMI BEACH FL 33139		3. Date Formed or Registered 04/29/1994 3a. Date of Last Report 11/17/1997 4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$1,000.00 5b. Amount of Capital Contributions in FLORIDA to date:	
				6. FEI Number 65-0569350 ☐ Applied For ☐ Not Applicable 7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	



9. Name and Address of Current Registered Agent ROBINS, CRAIG 230 FIFTH STREET MIAMI BEACH FL 33139	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____

DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) DACRA DESIGN ASSOCIATES, INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 230 FIFTH STREET	11b. City, State & Zip Code MIAMI BEACH FL 33139	11c. Registration/Document Number P94000032681
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is truthfully furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____

DATE _____

11/20/98

Typed or Printed Name of General Partner Signing Form *Craig Robins, Pres.*

Daytime Telephone Number _____

DACRA DESIGN ASSOCIATES, INC. General Partner