

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000000601			
1. Entity Name DACRA DESIGN ASSOCIATES, LTD.			
Principal Place of Business 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139		Mailing Address 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROBINS, CRAIG 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Florida. I am familiar with, and accept the obligations of registered agent			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and the if applicable			
9. Capital Contributions as Shown on record. \$1,000.00		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 #	P94000032681	STREET ADDRESS	
NAME	DACRA DESIGN ASSOCIATES, INC.	CITY-ST-ZIP	
STREET ADDRESS	1632 PENNSYLVANIA AVE.		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		
DOCUMENT #		STREET ADDRESS	1000000104628
NAME		CITY-ST-ZIP	04/06/04-80019-025 141.25
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CITY-ST-ZIP			
14. I hereby certify that the information submitted 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.			
SIGNATURE: _____		DACRA DESIGN ASSOCIATES, INC., General Partner VICE President. 2-11-04 305-531-8700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE