

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A95000001239

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** DORAL CENTRE ASSOCIATES, LTD.

**Current Principal Place of Business:**

1500 SAN REMO AVENUE  
#179  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

1500 SAN REMO AVE., #179  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 65-0610384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KASKEL, WILLIAM L  
1500 SAN REMO AVE., #179  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: V65353  
Name: DORAL CONSTRUCTION CORP.  
Address: 1500 SAN REMO AVE. #179  
City-St-Zip: CORAL GABLES, FL 33146

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM KASKEL

GP

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date