


FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE

FILED

98 MAR 27 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership DANPAT 1		1a. DOCUMENT # A96000001320	
THE DANPAT1 LIMITED PARTNERSHIP			
Mailing Address 4855 VELASQUEZ PENSACOLA FL 32504		Principal Office Address 4855 VELASQUEZ PENSACOLA FL 32504	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		3. Date Formed or Registered 07/12/1996	
		3a. Date of Last Report 09/17/1996	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record. \$150,000.00	
		5b. Amount of Capital Contributions in FLORIDA to date:	
		6. FEI Number 58-3401408 APPLIED FOR <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input type="checkbox"/> \$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 KAHN, HARRY D JR. 4855 VELASQUEZ PENSACOLA FL 32504		10. If changed, new Registered Agent/Office Name 0000002480940-2 Street Address (P.O. Box Number is Not Acceptable) 04/07/98--01047--001 Suite, Apt. #, etc. ****526.25 ****526.25 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
KAHN, HARRY D JR. KAHN, PATRICIA B	4855 VELASQUEZ 4855 VELASQUEZ	PENSACOLA FL 32504 PENSACOLA FL 32504	

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 voluntarily 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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

H. D. KAHN, JR

**3/24/98
850-432-7989**

CR2E003 (12/97)