

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

DOCUMENT # A97000000185	
1. Entity Name DC 2000 REALTY, LTD. LLLP	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 19 PM 2:11

Principal Place of Business 65 NE 4TH AVE. DELRAY BEACH FL 33483	Mailing Address 65 NE 4TH AVE. DELRAY BEACH FL 33483
--	--



MOORE CR2E003 (11/03)

2. Principal Place of Business 11 So. Swinton AVE	3. Mailing Address 11 So. Swinton AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State DeLray Beach, FL	City & State DeLray Beach, FL
Zip 33444	Country USA

4. FEI Number 65-0731475	Applied For Not Applicable
-----------------------------	-------------------------------

6. Name and Address of Current Registered Agent CARBONE, LOUIS J 65 NE 4TH AVE. DELRAY BEACH FL 33483	
--	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
--

7. Name and Address of New Registered Agent	
Name Louis J. Carbone	
Street Address (P.O. Box Number is Not Acceptable) 11 So. Swinton Avenue	
City DeLray Beach	FL
Zip Code 33444	

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 3/4/04

9. Capital Contributions as Shown on record. \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date. 10,000.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
--	---	---

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 #	P97000006259	STREET ADDRESS	
NAME	DC 2000 REALTY, INC.	CITY-ST-ZIP	
STREET ADDRESS	65 NE 4TH AV.		
CITY-ST-ZIP	DELRAY BEACH FL 33483		
DOCUMENT #		STREET ADDRESS	500035820095
NAME		CITY-ST-ZIP	05/10/04--01071--015 **158.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		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 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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date 3/4/04	Daytime Phone #
----------------	--	----------------	-----------------