2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007 DOCUMENT # A97000001890 1. Entity Name DAKOTA FAMILY GROUP, LTD. Principal Place of Business Mailing Address 8211 W. BROWARD BLVD., PH2 8211 W. BROWARD BLVD., PH2 PLANTATION, FL 33324 PLANTATION, FL 33324

FILED Mar 09, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

01242007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0786968	Applied For Not Applicable	
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

8211 W. B	R, PETER C ROWARD BLVD., PH2 ION, FL 33324		DO NOT WRITE IN THIS SPACE	
	named entity submits this statement for the purpose of changing ions of registered agent.	g its registered office or registered ager	nt, or both, in the State of Florida. I am fai	miliar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable		DATE	
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$		000000661696 03/20/07-80051-0	17 500.00
	A GENERAL PARTNER THAT IS A BUSINESS NOTE: General Partners MAY NOT be changed o	ENTITY MUST BE REGISTERED on the form; an amendment mus	AND ACTIVE WITH THIS OFFICE. be filed to change a general parti	ner.
12.	GENERAL PARTNER INFORMATION P97000075453		the stand of the same	A STATE OF THE STA
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS	DAKOTA ASSOCIATES, INC. 8211 W. BROWARD BLVD., PH2 PLANTATION, FL 33324	the first of the first of the		The second secon
CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		nt see and the D	O NOT WRITE	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			V THIS SPACE	The first that the state of the
DOCUMENT / NAME STREET ADDRESS CITY SI-ZIP DOCUMENT /				gar a gar a Makang
NAME STREET ADDRESS CITY+ST-ZIP		The second secon	and the second of the second o	And the first of the state of t

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Parlner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE