

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000002510**

1. Entity Name  
**DEG CAPITAL PARTNERS, LTD.**



Principal Place of Business  
**140 INTRACOASTAL POINTE DRIVE  
STE. 410  
JUPITER, FL 33477**

Mailing Address  
**140 INTRACOASTAL POINTE DRIVE  
STE. 410  
JUPITER, FL 33477**



03162007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0785755</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DEGEORGE, LAWRENCE J  
DEG CAPITAL G.P. I INC.  
140 INTRACOASTAL POINTE DR.  
JUPITER, FL 33477**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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 \$900.00**

**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**

DOCUMENT # **F97000005105**  
NAME **DEG CAPITAL G.P. I INC.**  
STREET ADDRESS **140 INTRACOASTAL POINTE DRIVE, STE. 310**  
CITY-ST-ZIP **JUPITER, FL 33477**

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04/10/07-80054-022 500.00

**DO NOT WRITE  
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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 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

**3/28/07**

Date

**561-745-7606**

Daytime Phone #

STAPLE CHECK HERE