

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 28, 2008 08:00 A**  
**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



01222008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0785755

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 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, 2008, Fee will be \$900.00**

U000000873667

04/01/08 2008-002 500.00

**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

DOCUMENT #  
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CITY-ST-ZIP

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IN THIS SPACE**

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

03-24-08

Date

Daytime Phone #

STAPLE CHECK HERE