## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## FILED Apr 05, 2004 08:00 AM Secretary of State

DOCUMENT # A9700002663  1. Entity Name DAYCO PROPERTIES, LTD.					Secretary of State			
Principal Place of Business 848 BRICKELL AVE., SUITE 810 MIAMI, FL 33131		Mailing Address 848 BRICKELL AVE., S MIAMI, FL 33131	848 BRICKELL AVE., SUITE 810					
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt #, etc.		Suite, Apt. #, etc.		03312004	Chg-LP	CR2E003 (10/03)		
City & State		City & State		4. FEI Number 65-0805		Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Code	
8. The above the obligation of the statement of the state	e named entity submits this statementions of registered agent.		s register	ed office or register	ed agent, or both	i, in the State of Fic		
D. C3+1C	Signature, typed or printed name of registered a					1	DATE	
9. Capital Co as Shown	on record. \$5,201,460.00	10. Amount of Capi in FLORIDA to o	date.					
	A GENERAL PARTNE NOTE: General Partners	R THAT IS A BUSINESS EI MAY NOT be changed on	NTITY N the form	IUST BE REGIST n; an amendmen	TERED AND AS it must be filed	CTIVE WITH TH i to change a g	IIS OFFICE. eneral partner.	
12.	GENERAL PARTNER INFORMATION P96000079928 FALCON PROPERTIES, INC.					ADDRESS CHA		
DOCUMENT # NAME				LET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	DDRESS 848 BRICKELL AVE., SUITE 810		CITY	r-\$1-ZIP	U00000111090			
DOCUMENT # NAME			STR	EET ADDRESS		<del>U4/13/U*</del>	<del>(-80003-601-526.25</del>	
STREET ADORESS CITY-ST-ZIP	CITY-ST-ZIP  DOCUMENT #  NAME			'-ST-ZIP				
NAME				EET ADDRESS				
STREET ADORESS CITY-ST-ZIP		INDUCATION IN	CITY	ST-ZIP			•	
DOCUMENT # NAME	-		STR	EET ADORESS				
STREET ADDRESS CITY ST - ZIP			уліз	'-SI-ZIP				
CRY ST ZIP  DOCUMENT #  NAME  STREET ADDRESS  CITY - ST - ZIP  DOCUMENT #  NAME	NAME			EET ADORESS.				
CITY-ST-ZIP DOCUMENT				-ST-ZIP				
STREET ADDRESS	1 1 nh			- ST-ZIP				
City-St-ZiP	L I MA		•	1				
14. I hereby indicated the recei	certify that the information supplied fon this report is true and accurate ver or trustee empowered to evicus	with this tilling does not qualify fo ind that dry signature shall have this report as required by Chai	or the exe the same pter 620,	imption stated in Se e legal effect as if m Florida Statutes	ction 119.07(3)(i), lade under oath; i	, Florida Statutes. I that I am a Gerera	I further certify that the information al Partner of the limited partnership	