

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 OCT -6 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
A97000002722

DMCD ASSOCIATES, LTD.

Mailing Address  
8725 NW 87th TERRACE, SUITE 206  
815 N.W. 57TH AVENUE, SUITE 424  
MIAMI FL 33120  
33172

Principal Office Address  
815 N.W. 57TH AVENUE, SUITE 424  
MIAMI FL 33126

3. Date Formed or Registered

12/16/1997

5a. Capital Contributions as  
Shown on record.

\$2,287,100.00

3a. Date of Last Report

04/16/1998

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

2,287,100.00

4. State or Country of Formation

FL

6. FEI Number 65-0826322  
APPLIED FOR

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

8725 NW 18th TERRACE  
SUITE 206  
City & State

2a. Principal Office Address

8725 NW 18th TERRACE  
SUITE 206  
City & State

Zip Country

Zip Country

33172

33172

9. Name and Address of Current Registered Agent

DOUGLAS, PAUL  
815 N.W. 57TH AVENUE, SUITE 424  
MIAMI FL 33120

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

8725 NW 18th TERRACE  
SUITE 206

Suite, Apt. #, etc.

City

MIAMI

Zip Code

FL 33172

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

VERTICAL DEVELOPMENT, INC.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

815 N.W. 57TH AVENUE;  
8725 NW 18th TER,  
SUITE 206

11b. City, State & Zip Code

MIAMI FL 33120  
33172

11c. Registration/  
Document Number

P97000103012

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-10/09/88--01004--023  
\*\*\*\*526.25 \*\*\*\*526.25

dec

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Paul Douglas

DATE

9-30-98

Typed or Printed Name of General Partner Signing Form

PAUL DOUGLAS

Daytime Telephone Number

305-594-7730

CR2E003 (8/98)