


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # A98000000951					
1. Entity Name DOAR I, LTD.					
Principal Place of Business 506 S. DIXIE HWY. HALLANDALE, FL 33009		Mailing Address 506 S. DIXIE HWY. HALLANDALE, FL 33009			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0831958	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FERDIE, AINSLEE R 717 PONCE DE LEON BLVD., SUITE 215 CORAL GABLES, FL 33134			Name		
			Street Address (P O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent, and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$242,659.00		10. Amount of Capital Contributions in FLORIDA to date.			
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L04000071648	STREET ADDRESS			
NAME	DOAR, LLC.	CITY - ST - ZIP			
STREET ADDRESS	506 S. DIXIE HIGHWAY				
CITY - ST - ZIP	HALLANDALE, FL 33009				
DOCUMENT #		STREET ADDRESS			
NAME		CITY - ST - ZIP			
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STREET ADDRESS					
CITY - ST - ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Shaul Rikman</i>		Date: 4/19/05		Daytime Phone #: (954) 455-2822	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small>	



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4. FEI Number 65-0831958 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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