


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

**FILED  
Mar 29, 2007 08:00 A  
Secretary of State**

DOCUMENT # A98000000951  
1. Entity Name  
DOAR I, LTD.



Principal Place of Business      Mailing Address  
506 S. DIXIE HWY.                      506 S. DIXIE HWY.  
HALLANDALE, FL 33009                  HALLANDALE, FL 33009

**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-LP      CR2E003 (12/06)

4. FEI Number 65-0831958	Applied For 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  
  
FERDIE, AINSLEE R  
717 PONCE DE LEON BLVD., SUITE 215  
CORAL GABLES, FL 33134

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 #	L04000071648
NAME	DOAR, LLC.
STREET ADDRESS	506 S. DIXIE HIGHWAY
CITY-ST-ZIP	HALLANDALE, FL 33009
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

000000683002  
04/05/07-80024-025-500-00

STAPLE CHECK HERE

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: Shaul Rivman      Date: 3/16/07      Daytime Phone #: (954) 455-2822  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER