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OCUMENT	· #	A9800	0001	1511	l

1. Entity Name

DANPORT CENTER ASSOCIATES, LTD.

Principal Place of Business 701 BRICKELL AVENUE. SUITE 1400

MIAMI FL 33131-2822

Zip

Mailing Address

701 BRICKELL AVENUE. SUITE 1400 MIAMI FL 33131-2820

APPROVED

00 APR -5 PH 12: 12

SECRETARY OF STATE -TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

4. FEI Number Applied For 65-0850151 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required

PITTS, W. DOUGLAS 701 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131-2822

Country

Name Street Address (P.O. Box Number is Not Appentable) 04/21/00 ****141.25 City

7. Name and Address of New Registered Agent

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.

Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions as Shown on record.

SIGNATURE

\$6,250.00

6. Name and Address of Current Registered Agent

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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.

(NOTE: Registered Agent signature required when reinstating)

12.	GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY	
DOCUMENT# NAME	P96000034735 NEWCASTER DEVCORP, INC.	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	701 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131-2822	CITY-ST-ZIP	
DOCUMENT# NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT# NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME	P5 5 - 5 5 5	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 to execute this report as required by Chapter 620, Florida Statutes 14. I hereby certify that the information indicated on this report is true and the receiver or trustee emp