

**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**

99 JAN -4 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership DORAL COMMERCE PARK, LTD.		1a. DOCUMENT # A9800002866	
Mailing Address 8725 NW 18th Terrace Suite 206 Miami, FL 33172	Principal Office Address 8725 NW 18th Terrace Suite 206 Miami, FL 33172	3. Date Formed or Registered 12/28/98	5a. Capital Contributions as Shown on record. \$1,000.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date. \$1,000.00
		4. State or Country of Formation Florida	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent Corporation Company of Miami 201 S. Biscayne Blvd., Suite 1500 Miami, FL 33131	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
---	---

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) DC Development, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8725 NW 18th Terrace Suite 206	11b. City, State & Zip Code Miami, FL 33172	11c. Registration/Document Number P98000107021
---	--	--	---

100002747231--4  
-01/20/98--01025--008  
\*\*\*150.00 \*\*\*150.00

**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 By: Paul Douglas DC Development, Inc., General Partner DATE 12/31/98  
Typed or Printed Name of General Partner Signing Form By: Paul Douglas, President Daytime Telephone Number \_\_\_\_\_

CR2E003 (8/98)