


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

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001505</b> 1. Entity Name DBC GROUP, LTD.					
Principal Place of Business C/O DUNHILL MANAGEMENT CORP. 520 NORTH SEMORAN BLVD., SUITE 222 ORLANDO, FL 32807			Mailing Address C/O DUNHILL MANAGEMENT CORP. 520 NORTH SEMORAN BLVD., SUITE 222 ORLANDO, FL 32807		
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 <b>59-3601489</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COHN, MARSHALL S C/O DUNHILL MANAGEMENT CORP. 520 NORTH SEMORAN BLVD., SUITE 222 ORLANDO, FL 32807				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$3,346,362.36</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P99000081413		STREET ADDRESS		
NAME	BER-DOR, INC.		CITY-ST-ZIP		
STREET ADDRESS	520 N. SEMORAN BLVD, SUITE 222			000000366804 05/16/05-80007-006 526.25	
CITY-ST-ZIP	ORLANDO, FL 32807				
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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)(i), 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: <u>M. A. Cal P GP</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4-28-05 407 380 3240 <small>Date Daytime Phone #</small>		

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