

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000001505 1. Entity Name DBC GROUP, LTD.	
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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



05012006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3601489	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COHN, MARSHALL S
C/O DUNHILL MANAGEMENT CORP.
520 NORTH SEMORAN BLVD., SUITE 222
ORLANDO, FL 32807

**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 _____

Signature typed or printed name of registered agent and title if applicable

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 #	P99000081413
NAME	BER-DOR, INC.
STREET ADDRESS	520 N. SEMORAN BLVD, SUITE 222
CITY-ST-ZIP	ORLANDO, FL 32807

DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	

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000000560999
05/18/06-80061-018 500.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Marshall S. Cohn 5/1/06 407992400

STAPLE CHECK HERE