

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

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A99000001505**

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



04252007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3601489

Applied For

Not Applicable

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, 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 # 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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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U000000747675  
05/17/07-80035-015 500.00

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:

*J. A. Cal*

4-25-07

407-992 4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE