

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A99000002172

**FILED**  
**Feb 21, 2010**  
**Secretary of State**

**Entity Name:** DSAS LIMITED PARTNERSHIP

**Current Principal Place of Business:**

3366 DEGAS DRIVE WEST  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

3366 DEGAS DRIVE WEST  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 65-0968916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, DAVID  
3366 DEGAS DRIVE WEST  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: SMITH, DAVID  
Address: 3366 DEGAS DRIVE WEST  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: SMITH, ANITA  
Address: 3366 DEGAS DRIVE WEST  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** MITCHELL L. STUMP, CPA

CPA

02/21/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date