2004 LIMITED PARTNERSHIP ANNUAL REPORT _ Due By May 1, 2004

FILED Mar 17, 2004 08:00 AM Secretary of State

	DOCUMI 1. Entity Name DANIA COA		,99000002).	2207			Secretary of State				
	Principal Place of Business Mailing Address										
	312 S.E. 17TH STREET, 2ND FLOOR FORT LAUDERDALE, FL 33319 312 S.E. 17TH STREET, FORT LAUDERDALE, FL 33319 312 S.E. 17TH STREET, FORT LAUDERDALE, FL				TREET, 2ND F LE, FL 33319	LOOR 9					
	2. Principal Place of Business			3. Mailing Address							
	Suite, Apt #, e	Suite, Apt #, etc.			Suite, Apt #, etc.		03112004	Chg-LP	CR2E	003 (10/	703)
	City & State			City & State		4. FEI Number 65-0959			-	Applied For Not Applicable	
	Zip Country			Zip Country		ntry	7	f Status Desired		\$8.75 Fee Res	Additional
	6. Name and Address of Current Registered Agent					Name	7. Name and A	Address of New Ro	egistered	Agent	
	SAAVEDRA, DAMASO W 312 S.E. 17TH STREET, 2ND FLOOR					Street Address (P.O. Box Number is Not Acceptable)					
	FORT LAUDE					the second secon					
						City				Zip	Code .
	8. The above named entity submits this statement for the purpose of changing its re-					'	ed agent, or both	, in the State of Flo	FL	• [
	the obligations of registered agent. SIGNATURE ————————————————————————————————————										
ŀ	Signature, typed or proted name of registered agent and title if applicable						· · · · · · · ·		DAYE		
	9. Capital Contributions as Shown on record. \$0.00 10. Amount of Capital Contributions in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.										
Į		NOTE: Gene	eral Partners MA	iust BE REGIST n; an amendmer	TERED AND AC It must be filed	CTIVE WITH THI I to change a ge	S OFFIC eneral par	E. rtner.			
Ì	DOCUMENT# P9						-	ADDRESS CHA	NGES ON	LY	
	NAME DA	DANIA COASTER, INC.				EET ADDRESS					
}			T., 2ND FL DALE, FL 33316		CITY-SI-ZIP			Uannr	100966	77	
	DOCUMENT# NAME				SIR	EET ADDRESS		<u> </u>		7-00	5 141.25
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L	14. I hereby certifindicated on to the receiver of	v that the interm his report is for r trustee empow	nation supplied with any accurate and execute this	this filling does not qua that my signature shall s report as required by	alify for the exe have the sam Chapter 620,	emption stated in Se e legal effect as if m Florida Statute	ction 119.07(3)(i) nade under cath;	, Florida Statutes. I that I am a Genera	further cer Partner of	tify that the limit	the information ed partnership or
	SIGNATUR	₹E:	MATURE AND TYPED OR	PRINTED NAME OF SIGNING	GENE AL PARTNI	Mhe log	M rect	C	107	aytme Pho	ne it