2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

HERE

CHECK

SIGNATURE:

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # B07000000240 08 APR 14 AM 11: 44 DMC TAMPA PARKLAND, L.P. Principal Place of Business Mailing Address 6363 WOODWAY DRIVE, STE. 1000 6363 WOODWAY DRIVE, STE. 1000 HOUSTON, TX 77057 HOUSTON, TX 77057 2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3411 RICHMOND AVE 3411 RICHMOND AVE Suite, Apt. #, etc. SUITE 200 03132008 CR2E003 (12/06) City & State HOUSTON TX City & State HOUSTON 4. FEI Number 26-0583702 Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331 Zip Code FL 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, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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. GENERAL PARTNER INFORMATION 12. F07000003859 DOCUMENT # STREET ADDRESS 3411 RICHMOND AVE SUITE 200 DC DEVELOPERS-TAMPA PARKLAND, INC. NAME STREET ADDRESS 6363 WOODWAY DRIVE, STE. 1000 CITY-ST-ZIP HOUSTON TX 77046 CITY-ST-ZIP HOUSTON, TX 77057 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **100123067741**04/11/08--01044--019 **\$00.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 TOM CALTAGIRONE 18 MARCH 2008 B32.209.1200

CHIEFOPERATING OFFICER OF DC DEVELOPERS. TAMPA PARKLANDING GENERAL PARTNER

FILED