


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

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A94000000601**  
 1. Entity Name  
 DACRA DESIGN ASSOCIATES, LTD.



Principal Place of Business  
 1632 PENNSYLVANIA AVE.  
 MIAMI BEACH, FL 33139

Mailing Address  
 1632 PENNSYLVANIA AVE.  
 MIAMI BEACH, FL 33139

2. Principal Place of Business  
 Suite, Apt #, etc

3. Mailing Address  
 Suite, Apt #, etc

City & State  
 Zip Country

5. Name and Address of Current Registered Agent  
 ROBINS, CRAIG  
 1632 PENNSYLVANIA AVE.  
 MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the if applicable

9. Capital Contributions as Shown on record. **\$1,000.00**

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.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000032681	STREET ADDRESS	
NAME	DACRA DESIGN ASSOCIATES, INC.	CITY-ST-ZIP	
STREET ADDRESS	1632 PENNSYLVANIA AVE.		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		
DOCUMENT #		STREET ADDRESS	04/06/04-80019-025 141.25
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** **DACRA DESIGN ASSOCIATES, INC., General Partner**  
**VICE President. 2-11-04 305-531-8700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE