


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000001642

1. Entity Name
 DACRA WEST PALM BEACH, LTD.



Principal Place of Business Mailing Address


ATTN: CRAIG ROBINS ATTN: CRAIG ROBINS
 1632 PENNSYLVANIA AVENUE 1632 PENNSYLVANIA AVENUE
 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc Suite, Apt. #, etc

City & State City & State

Zip Country Zip Country



04262004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
 42-1567121 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINS, CRAIG
 1632 PENNSYLVANIA AVENUE
 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 title 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 #	P02000129361	STREET ADDRESS	
NAME	DACRA WEST PALM BEACH, INC.	CITY-ST-ZIP	
STREET ADDRESS	1632 PENNSYLVANIA AVENUE		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		
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STAPLE CHECK HERE

14. I hereby certify that the information supplied 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 WEST PALM BEACH, INC. General Partner* 4.26.04 305-531-8700

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