


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001984 AV

DOCUMENT # A94000000601

1. Entity Name
DACRA DESIGN ASSOCIATES, LTD.



FILED

03 APR 29 AM 8:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4/29

DUE BY MAY 1, 2003

4. FEI Number **65-0569350**

Applied For
Not Applicable

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

6. 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 title if applicable.

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

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P94000032681 DACRA DESIGN ASSOCIATES, INC. 1632 PENNSYLVANIA AVE. MIAMI BEACH FL 33139
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13. ADDRESS CHANGES ONLY	
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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 DESIGN ASSOCIATES, INC. General Partner (305) 4-8-03 531-8700*

SIGNATURE REQUIRED _____ **Resident** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day/time Phone #

CR2E003 (10/02)