


FILED

03 JUN 30 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # A0200001642</b>		
1. Entity Name <b>DACRA PALM BEACH, LTD.</b>		

Principal Place of Business ATTN: CRAIG ROBINS 1632 PENNSYLVANIA AVENUE MIAMI BEACH, FL 33139	Mailing Address ATTN: CRAIG ROBINS 1632 PENNSYLVANIA AVENUE 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
-----	---------	-----	---------



DUPLICATE BY MAY 1, 2003

4. FEI Number <b>42-1567121</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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

A. 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 _____
-----------------	------------

B. Capital Contributions as Shown on record. <del>\$0.00</del> <b>\$1,000.00</b>	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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P02000129631 DACRA PALM BEACH, INC. 1632 PENNSYLVANIA AVENUE MIAMI BEACH, FL 33139	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	

500017528015  
04/30/03--01128--021 #141.25

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.

**DACRA Palm Beach, Inc., General Partner**  
**President**

SIGNATURE: \_\_\_\_\_ DATE: **4/15/03** DAYTIME PHONE: **305-531-8700**

STAPLE CHECK HERE

ORF003 (10/02)