


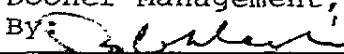
**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
May 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A9500000691					
1. Entity Name DOONER FAMILY EQUITIES, LTD.					
Principal Place of Business 1010 5TH AVENUE SOUTH, SUITE 300 NAPLES FL 34102			Mailing Address P.O. BOX 7369 NAPLES FL 34101		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0597596	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DOONER, EUGENE C 5386 SYCAMORE DR. NAPLES FL 34119			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record.		\$2,258,627.00	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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P95000029954		STREET ADDRESS		
NAME	DOONER MANAGEMENT, INC.		CITY - ST - ZIP		
STREET ADDRESS	1010 5TH AVENUE SOUTH, SUITE 300			U00000161661 05/27/04-80005-001 528.25	
CITY - ST - ZIP	NAPLES FL 34102				
DOCUMENT #			STREET ADDRESS		
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CITY - ST - ZIP					

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.

By: Dooner Management, Inc., G.P.
 SIGNATURE:  Robert E. Devlin, Sect/Treas.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #