


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A9500000691</b>					
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	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.		
<b>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.</b>					
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				
CITY - ST - ZIP	NAPLES, FL 34102				
DOCUMENT #			STREET ADDRESS	000000366694	
NAME			CITY - ST - ZIP	05/16/05-80002-021 526.25	
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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					
Dooner Management, Inc.					
SIGNATURE: By <u>Eugene C. Dooner</u> Eugene C. Dooner					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date	Daytime Phone #



STAPLE CHECK HERE