2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	A9500	0000	0691

1. Entity Name

DOONER FAMILY EQUITIES, LTD.



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Principal Place of Business 1010 5TH AVENUE SOUTH, SUITE 300 NAPLES FL 34102 Mailing Address P.O. BOX 7369 NAPLES FL 34102 NAPLES FL 34101						7	ECRETARY OF S LLAHASSEE FL	ORIDA	206 យ៉ា អី អី	
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Suite, Apt. #, etc. Suite, Apt. #, etc.						\	DUE BY MAY	1 2002		
						BUE BY WAT	1, 2003			
City & State City & State			y & State			4. FEI Number	65-0597596	L	Applied For	
							Not A			
Zip Country Zip)	Count	гу	5. Certificate of	f Status Desired		5 Additional	
				<u> </u>	,			Fee Re	equired	
6. Name and Address of Current Registered Agent						7. Name and A	ddress of New Registe	ered Agent		
DOONED	ELICENE O					Name				
	, EUGENE C					Street Address	(P.O. Box Number	is Not Acceptable)		
l +4.7	CAMORE DR	•			-	Sileet Address	(F.O. BOX Number	is not Acceptable)		
PAPLES F	FL 34119			-	Γ		7			
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						City			FL Zip	Code
8. The above	named entity	submits this statement for	or the pur	pose of changing its	registere	d office or registe	ered agent, or both,	in the State of Florida.	I am familiar	with, and accept
the obligat	tions of registe	ered agent.	,		•	J		•		,
OLONIATURE										
SIGNATURE -	Signature, typed o	r printed name of registered agent	and title if ap	plicable.				D	DATE	
9. Capital Co		\$2,258,627.00		10. Amount of Capita in FLORIDA to d	al Contrib	utions a acc	2 627 00	11. MAXE CHECK PAY		
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40	NOTE.		NOTE: General Partners MAY NOT be changed on the form; an a							
12. GENERAL PARTNER INFORMATION				40				CONIN		
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DOCUMENT # NAME	DOONER N	954 MANAGEMENT, INC.	·	MATION		ET ADDRESS		ADDRESS CHANGE	S 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:

Daytime Phone #