



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

DOCUMENT # A00000001555 1. Entity Name DUJON PROPERTIES, LTD.			
Principal Place of Business 253 N MAIN ST NEWBERRY FL 32669		Mailing Address ANTHONY J. SALZMAN, ESQ., MOODY & SAL 500 E UNIVERSITY AVE SUITE A GAINESVILLE FL 32601	
2. Principal Place of Business 22515 W. Newberry Rd.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Newberry, Florida		City & State	
Zip 32669	Country USA	Zip	Country
6. Name and Address of Current Registered Agent SALZMAN, ANHTONY J ESQ MOODY & SALZMAN PA 500 E UNIVERSITY BLVD SUITE A GAINESVILLE FL 32601		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4. FEI Number 59-3672963 Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____			
9. Capital Contributions as Shown on record. \$1,980.00		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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000064692 FENCE MANAGEMENT INC P.O. BOX 1320 NEWBERRY FL 32669	STREET ADDRESS CITY-ST-ZIP	 300029267533 02/24/04-01006-009 **150.00
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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: 		C.C. Jones 2/5/04 352-472-3550	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



MOORE CR2E003 (11/03)

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