

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000001555																																										
1. Entity Name DUJON PROPERTIES, LTD.																																										
Principal Place of Business 22515 W. NEWBERRY RD. NEWBERRY, FL 32669	Mailing Address ANTHONY J. SALZMAN, ESQ., MOODY & SALZMAN 500 E UNIVERSITY AVE SUITE A GAINESVILLE, FL 32601																																									
DO NOT WRITE IN THIS SPACE																																										
<p>6. Name and Address of Current Registered Agent SALZMAN, ANTHONY J ESQ MOODY & SALZMAN PA 500 E UNIVERSITY BLVD SUITE A GAINESVILLE, FL 32601</p>																																										
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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>																																										
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00																																										
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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">DOCUMENT #</td> <td>P98000084692</td> </tr> <tr> <td>NAME</td> <td>FENCE MANAGEMENT INC</td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 1320</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEWBERRY, FL 32669</td> </tr> <tr> <td>DOCUMENT #</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>DOCUMENT #</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>DOCUMENT #</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>DOCUMENT #</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			DOCUMENT #	P98000084692	NAME	FENCE MANAGEMENT INC	STREET ADDRESS	P.O. BOX 1320	CITY-ST-ZIP	NEWBERRY, FL 32669	DOCUMENT #		NAME		STREET ADDRESS		CITY-ST-ZIP		DOCUMENT #		NAME		STREET ADDRESS		CITY-ST-ZIP		DOCUMENT #		NAME		STREET ADDRESS		CITY-ST-ZIP		DOCUMENT #		NAME		STREET ADDRESS		CITY-ST-ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. Jones* **CC Jones** **4/6/06** **352-422-3550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #