

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 28 PM 3: 03

**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**



03062008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3672963**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SALZMAN, ANHTONY J ESQ -  
MOODY & SALZMAN PA  
500 E UNIVERSITY BLVD SUITE A  
GAINESVILLE, FL 32601**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, 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**

DOCUMENT # **P98000064692**  
NAME **FENCE MANAGEMENT INC**  
STREET ADDRESS **P.O. BOX 1320**  
CITY-ST-ZIP **NEWBERRY, FL 32669**

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**000126332770**  
**04/28/08--01005--021 \*\*350.00**

**000126332770**  
**04/28/08--01005--022 \*\*150.00**

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/6/08**

Daytime Phone #

STAPLE CHECK HERE

FF-15500