

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A01000000283

1. Entity Name
DMJN FAMILY PARTNERSHIP, LTD.



Principal Place of Business
1100 SOUTH PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32086

Mailing Address
1100 SOUTH PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32086



04252006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
03-0409024

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAILEY, JOHN D JR.
780 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

**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, 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

DOCUMENT # P01000012385
NAME DMJN FAMILY ENTERPRISES, INC.
STREET ADDRESS 1100 SOUTH PONCE DE LEON BLVD.
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

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U00000554216
05/15/06-80075-020 500.00

**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

5/1/06
Date

823-9442
Daytime Phone #

STAPLE CHECK HERE