2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A01000000283

Entity Name: DMJN FAMILY PARTNERSHIP, LTD.

1100 SOUTH PONCE DE LEON BLVD.

ST. AUGUSTINE, FL 32086

Address:

City-St-Zip:

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	TH PONCE DI STINE, FL 32	E LEON BLVD. 086		
Current Mailing Address:			New Mailing Address:	
1100 SOUTH PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32086				
FEI Number:	03-0409024	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
	OHN D JR. NCE DE LEON STINE, FL 32			
The above in the State		submits this statement for the p	urpose of changing its registered	d office or registered agent, or botl
SIGNATUR	:E:			
	Electror	nic Signature of Registered Age	ent	Date
GENERAL PARTNER INFORMATION:			ADDRESS CHANGES ONL	Y:
Document #: Name:	P01000012385 DMJN FAMILY	i ENTERPRISES, INC.		

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID J. GROSS, MD, PA PRES 04/29/2009