

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A01000000283

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** DMJN FAMILY PARTNERSHIP, LTD.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

1100 SOUTH PONCE DE LEON BLVD.  
SUITE 3B  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

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

**New Mailing Address:**

1100 SOUTH PONCE DE LEON BLVD.  
SUITE 3B  
ST. AUGUSTINE, FL 32084

**FEI Number:** 03-0409024

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P01000012385  
Name: DMJN FAMILY ENTERPRISES, INC.  
Address: 1100 SOUTH PONCE DE LEON BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

**ADDRESS CHANGES ONLY:**

Address: 1100-3B SOUTH PONCE DE LEON BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby 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

MD

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date