

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

DOCUMENT # A01000000540

1. Entity Name  
DUEREN & DAVIS, LTD.



FILED

2005 APR 15 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1311 WINTER GARDEN-VINELAND RD  
WINTER GARDEN, FL 34787-4342

Mailing Address  
1311 WINTER GARDEN-VINELAND RD  
WINTER GARDEN, FL 34787-4342

2. Principal Place of Business  
575-7 DELANEY AVE  
Suite, Apt. #, etc.

3. Mailing Address  
575-7 DELANEY AVE  
Suite, Apt. #, etc.

City & State  
ORLANDO FL

City & State  
ORLANDO FL

Zip  
32801

Country

Zip  
32801

Country

02182005 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-3630145

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

BOYETTE, WADE  
1635 E. HWY 50., STE 300  
CLERMONT, FL 34711

### 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

9. Capital Contributions as Shown on record. \$200.00

10. Amount of Capital Contributions in FLORIDA to date.

**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 #  
NAME DAVIS, ROBERT A  
STREET ADDRESS 1311 WINTER GARDEN-VINELAND RD  
CITY-ST-ZIP WINTER GARDEN, FL 347874342

DOCUMENT #  
NAME DUEREN, WOLFGANG  
STREET ADDRESS 1311 WINTER GARDEN-VINELAND RD  
CITY-ST-ZIP WINTER GARDEN, FL 347874342

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

### 13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP

000054030350  
05/06/05--01111--012 \*\*141.25

STREET ADDRESS  
CITY-ST-ZIP

575-7 DELANEY AVE  
ORLANDO FL 32801

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

WOLFGANG DUEREN

04/07/05

407-245-8360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STATE OF FLORIDA