


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A01000001273 1. Entity Name B & W DUN, LTD.	
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Principal Place of Business 2049 COUNTRYSIDE CIRCLE N ORLANDO, FL 32804	Mailing Address 2049 COUNTRYSIDE CIRCLE N ORLANDO, FL 32804
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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01272004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3754537	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BUN, BARBARA A 2049 COUNTRYSIDE CIRCLE N ORLANDO, FL 32804	7. Name and Address of New Registered Agent Name DUN, BARBARA A. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$1,517,500.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,517,500.00	\$526.25
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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	13. ADDRESS CHANGES ONLY												
<table border="1" style="width:100%"> <tr> <td style="width:15%">DOCUMENT #</td> <td>P01000068182</td> </tr> <tr> <td>NAME</td> <td>DUN ENTERPRISES OF ORLANDO, INC.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>2049 COUNTRYSIDE CIRCLE N</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32804</td> </tr> </table>	DOCUMENT #	P01000068182	NAME	DUN ENTERPRISES OF ORLANDO, INC.	STREET ADDRESS	2049 COUNTRYSIDE CIRCLE N	CITY-ST-ZIP	ORLANDO, FL 32804	<table border="1" style="width:100%"> <tr> <td style="width:15%">STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	STREET ADDRESS		CITY-ST-ZIP	
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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: *Barbara A. Dun* 2/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

FILED

2004 FEB 23 AM 11:04

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

