


2005-LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000001273		
1. Entity Name B & W DUN, LTD.		

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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01252005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3754537	Applied For 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	
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. \$1,517,500.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,517,500	\$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	
DOCUMENT #	P01000068182	STREET ADDRESS	
NAME	DUN ENTERPRISES OF ORLANDO, INC.	CITY- ST- ZIP	
STREET ADDRESS	2049 COUNTRYSIDE CIRCLE N		
CITY- ST- ZIP	ORLANDO, FL 32804		U000000220005
DOCUMENT #		STREET ADDRESS	02/08/05-B0050-010 526.25
NAME		CITY- ST- ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY- ST- ZIP			

STAPLE CHECK HERE

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. Bun* 1/31/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #