


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 17, 2006 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**



03112006 No Chg-LP CR2E003 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>59-3754537</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**DUN, BARBARA A  
 2049 COUNTRYSIDE CIRCLE N  
 ORLANDO, FL 32804**

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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 #                      | P01000068182                     |
| NAME                            | DUN ENTERPRISES OF ORLANDO, INC. |
| STREET ADDRESS                  | 2049 COUNTRYSIDE CIRCLE N        |
| CITY-ST-ZIP                     | ORLANDO, FL 32804                |
| DOCUMENT #                      |                                  |
| NAME                            |                                  |
| STREET ADDRESS                  |                                  |
| CITY-ST-ZIP                     |                                  |
| DOCUMENT #                      |                                  |
| NAME                            |                                  |
| STREET ADDRESS                  |                                  |
| CITY-ST-ZIP                     |                                  |
| DOCUMENT #                      |                                  |
| NAME                            |                                  |
| STREET ADDRESS                  |                                  |
| CITY-ST-ZIP                     |                                  |

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 03/28/06-80054-003 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **3/15/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #