

**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED**

2007 MAR 15 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA




02142007 Chg-LP CR2E003 (12/06)

4. FEI Number **59-3754537** Applied For  
Not Applicable

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

**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**

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

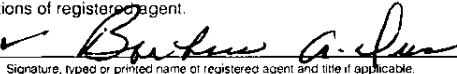
**7. Name and Address of New Registered Agent**

Name **DUN, Barbara A.**

Street Address (P.O. Box Number is Not Acceptable)  
**2049 Countryside Circle N**

City **Orlando** FL Zip Code **32804**

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 **3/11/07**

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, 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	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>100094621681</b>
CITY-ST-ZIP	<b>03/23/07--01049--012 **500.00</b>
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 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:  DATE **3/11/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE