


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 31 PM 2:37

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 #
921 Ventura Avenue
Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 2028
Suite, Apt. #, etc.

03172008 Chg-LP CR2E003 (12/06)

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3754537

Applied For
 Not Applicable

Zip
32804-7035

Country
U.S.A.

Zip
32802

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Laura D. Jones

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

City
Orlando

FL

Zip Code
32804-7035

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: *Laura D. Jones* DATE: 3/24/08

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS P. O. Box 2028
CITY-ST-ZIP Orlando, FL 32802

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
300121447363
03/27/08--01040--015 **500.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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: *Laura D. Jones* DATE: 3/24/08

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

STAPLE CHECK HERE