

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A03000001558**

1. Entity Name  
**DNG HUNTER'S LODGE, LTD.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR -8 AM 8:34

Principal Place of Business  
**2139 LAVACA ROAD**  
**JACKSONVILLE, FL 32217 US**

Mailing Address  
**2139 LAVACA ROAD**  
**JACKSONVILLE, FL 32217 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

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



02092004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**57-1191164**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GRAMLING, NADINE**  
**2139 LAVACA ROAD**  
**JACKSONVILLE, FL 32217**

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. **\$50,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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 #	<b>F98000000424</b>	STREET ADDRESS		
NAME	<b>DNG COMPANY, INC.</b>	CITY - ST - ZIP		
STREET ADDRESS	<b>2139 LAVACA ROAD</b>			
CITY - ST - ZIP	<b>JACKSONVILLE, FL 32217</b>			
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**500030111325**  
 03/09/04-01048-002 \*\*438.75

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 included 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: Nadine Gramling Date: 2/12/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE