

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**FILED**  
**Jul 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A09643**

1. Entity Name  
**DURRANCE DEVELOPMENT, LTD.**



Principal Place of Business  
**860 HULL RD**  
**ORMOND BEACH, FL 32174**

Mailing Address  
**PO BOX 730549**  
**ORMOND BEACH, FL 32173-0549**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07212004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-2185932

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DURRANCE, THOMAS L**  
**860 HULL RD**  
**ORMOND BEACH, FL 32174**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
 as Shown on record.

**\$1,200.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

**1,200.00**

In accordance with s. 607.193(2)(b), F.S.,  
 the limited partnership did not receive the  
 prior notice.

**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 #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DURRANCE, THOMAS LOUIS**  
**860 HULL RD**  
**ORMOND BEACH, FL 32174**

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

**000000168822**  
**07/29/04-80008-018 141.25**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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STREET ADDRESS  
 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**7/21/04**

Date

Daytime Phone #

**386-676-0200**

STAPLE CHECK HERE