


2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # A24519 1. Entity Name DONEL LTD.	
---	---

Principal Place of Business 156 WESTWOOD VILLAGE APT F1 INTERLACHEN FL 32148	Mailing Address 3111 PACES MILL RD SUITE A250 ATLANTA GA 30339
--	--

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



1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent ADAMS, SUSAN HALLMARK MANAGEMENT, INC 4040 NEWBERRY ROAD, STE 1000 GAINESVILLE FL 32607	
---	--

4. FEI Number 59-2921085	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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.

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	NAME	STREET ADDRESS	
	507 NW 39TH ROAD., APT 320		11000000275805
	GAINESVILLE FL 32607	CITY-ST-ZIP	04/11/08-80048-009 508.75
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	
DOCUMENT #	NAME	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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **3/3/08** Daytime Phone: *