


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Mar 23, 2005 08:00 AM
Secretary of State**

DOCUMENT # A95000001465

1. Entity Name
DBL PROPERTIES OF NORTH FLORIDA, LTD.



Principal Place of Business Mailing Address
4881 N.W. 8TH AVENUE, SUITE 2 4881 N.W. 8TH AVENUE, SUITE 2
GAINESVILLE, FL 32605 GAINESVILLE, FL 32605

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01042005 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
59-3341533 Not Applicable

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	
KRUEGER, DAVID 2622 NW 43RD ST. SUITE B3 GAINESVILLE, FL 32606		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. \$130,000.00 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 #	L02000001181	STREET ADDRESS	
NAME	MEDICAL PROPERTIES, LLC	CITY-ST-ZIP	
STREET ADDRESS	4881 N.W. 8TH AVENUE, SUITE 2		000000273859
CITY-ST-ZIP	GAINESVILLE, FL 32605		03/23/05-80045-009 526.25
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  3-15-05 (352) 373-4321

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