

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 19 AM 9:04

DOCUMENT # A95000001807

1. Entity Name
DMM DEVELOPMENT LIMITED PARTNERSHIP



Principal Place of Business
P.O. BOX 366879
BONITA SPRINGS, FL 34136

Mailing Address
P.O. BOX 366879
BONITA SPRINGS, FL 34136

[Handwritten Signature]



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
65-0624217

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

MCARDLE DEVELOPMENT, INC.
24890 BURNT PLACE, SUITE 6-9
BONITA SPRINGS, FL 34136

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. \$10,000.00

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 # P37156
NAME MCARDLE DEVELOPMENT, INC.
STREET ADDRESS P.O. BOX 366879
CITY-ST-ZIP BONITA SPRINGS, FL 34136

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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01/31/05--01005--015 **158.75

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 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:

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

Date

Daytime Phone #

STAPLE CHECK HERE