

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

JUL 14 11

DOCUMENT # A95000001867



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS: *UC 1/27*
03 JAN 17 AM 9:38

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



2. Principal Place of Business 3. Mailing Address

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

DUE BY MAY 1, 2003

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

9. Capital Contributions as Shown on record. **\$10,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 **200010182800
01/17/03--01039--004 *\$158.75**

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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)(l), 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: *THOMAS J. KELLY*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **THOMAS J. KELLY**

1/15/03
Date Daytime Phone #

CR2E003 (10/02)