

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 APR -7 AM 10:15

**DOCUMENT # A97000000512**

1. Entity Name  
 DUNMORE PROPERTIES, LTD.



Principal Place of Business  
 1850 SE 17TH ST  
 FT. LAUDERDALE, FL 33316

Mailing Address  
 1850 SE 17TH ST  
 FT. LAUDERDALE, FL 33316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092006 Chg-LP CR2E003 (11/05)

City & State

City & State

4. FEI Number  
 65-0742563

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

HUDSON, STEVEN W  
 1850 SE 17TH ST  
 FT. LAUDERDALE, FL 33316

Name

Street Address (P.O. Box Number is Not Acceptable)

1850 SE 17th St., STE 300

City

Ft. Lauderdale

FL

Zip Code

33316

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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 # P96000020665  
 NAME BRILAND PROPERTIES, INC.  
 STREET ADDRESS 1850 SE 17TH ST  
 CITY-ST-ZIP FT. LAUDERDALE, FL 33316

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1850 SE 17th St., STE 300  
 CITY-ST-ZIP Ft. Lauderdale, FL 33316

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 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

Steven W. Hudson

Date

Daytime Phone #

3/21/06 954-356-5800

STAPLE CHECK HERE