

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED

2007 MAR 23 AM 9:45


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01312007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0742563 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

<b>DOCUMENT # A97000000512</b>	
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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300
City & State	City & State
Zip	Country

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
HUDSON, STEVEN W 1850 SE 17TH ST STE 300 FT. LAUDERDALE, FL 33316		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 \$500.00**  
**After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000020665	STREET ADDRESS	
NAME	BRILAND PROPERTIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	1850 SE 17TH ST, STE 300		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316		
DOCUMENT #		STREET ADDRESS	900095215519
NAME		CITY-ST-ZIP	02/29/07--01017--003 **500.00
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NAME		CITY-ST-ZIP	
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:**  **Steven W. Hudson** 3/6/07 954-356-5800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE