2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

DOCUMENT # A9700000537

1. Entity Name
DMDH LIMITED PARTNERSHIP



Principal Place of Business

4800 W. LINTON BOULEVARD, SUITE F-107 DELRAY BEACH, FL 33445 Mailing Address

4800 W. LINTON BOULEVARD, SUITE F-107 DELRAY BEACH, FL 33445

FILED Apr 13, 2006 08:00 AM Secretary of State



04082008 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0731337

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEUMAN, RONIT 4800 W. LINTON BOULEVARD, SUITE F-107 DELRAY BEACH, FL 33445

DO NOT WRITE IN THIS SPACE

		IN THIS STACE
8. The above the obliga	named entity submits this statement for the purpose of changing its registions of registered agent.	stered office or registered agent, or both, in the State of Florida. It am familiar with, and accept
SIGNATURE	<u> </u>	<u> </u>
	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 NOTE: General Partners MAY NOT be changed on the fo	MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. orm; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	transfer to the second
DOCUMENT #	P02000002399 -	
NAME	LINTON GP INC.	U00000505921 04/27/06-80001-007 500.00
STREET ADDRESS	4800 W. LINTON BOULEVARD, SUITE F-107	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	04/21/05-50001-00/ 500.00
DOCUMENT #		
NAME	}	

DO NOT WRITE
IN THIS SPACE

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS City-ST-ZiP DOCUMENT ! NAME STREET ADDRESS CITY-ST-ZIP

14. It hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Roni+Neuman

4/6/2006

561 498-357

Daylims Phone #