


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 30, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT #A97000000537 1. Entity Name DMDH LIMITED PARTNERSHIP |  |
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|--|--|
| 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 |
|--|--|

DO NOT WRITE IN THIS SPACE



04262007 No Chg-LP

CR2E003 (12/06)

| | |
|---|--|
| 4. FEI Number 65-0731337 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 |
|--|-----------------------------------|

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | DATE _____ |
|--|------------|

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 | |
|---------------------------------|---------------------------------------|
| DOCUMENT # | P02000002399 |
| NAME | LINTON GP INC. |
| STREET ADDRESS | 4800 W. LINTON BOULEVARD, SUITE F-107 |
| CITY-ST-ZIP | DELRAY BEACH, FL 33445 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

000000747805
05/17/07-80040-019 500.00

STAPLE CHECK HERE

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

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|--|--|
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | Date _____ <small>Daytime Phone #</small> |
|--|--|

501-498-3579