

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

2004 APR 26 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # B98000000099**

1. Entity Name  
DUNN AVENUE LIMITED PARTNERSHIP



Principal Place of Business  
1209 ORANGE ST.  
WILMINGTON, DE 19809

Mailing Address  
2250 AVENIDA DEL VERA  
N. FT. MYERS, FL 33917



2. Principal Place of Business

12800 UNIVERSITY DR.

Suite, Apt. #, etc.

SUITE 400

City & State

FORT MYERS, FL

Zip

33907

Country

USA

3. Mailing Address

12800 UNIVERSITY DR.

Suite, Apt. #, etc.

SUITE 400

City & State

FORT MYERS, FL

Zip

33907

Country

USA

01152004 Chg-LP CR2E003 (10/03)

4. FEI Number  
13-3963677

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CALLAHAN, W. SCOTT  
37 N. ORANGE AVE, STE. 200  
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

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

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

DATE

9. Capital Contributions  
as Shown on record. \$0.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$141.25

**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 # M98000000134  
NAME MOUNT CAY REALTY, L.L.C.  
STREET ADDRESS 550 MAMARONECK AVENUE  
CITY-ST-ZIP HARRISON, NY 10528

13. ADDRESS CHANGES ONLY

STREET ADDRESS 12800 University Dr., Ste 400  
Fort Myers, FL 33907

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200036278802  
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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 exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

STAPLE CHECK HERE