


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 11 PM 1:30

| | |
|---|---|
| DOCUMENT # A03000001749 |  |
| 1. Entity Name D.T.T.P. FAMILY LIMITED PARTNERSHIP, LTD. | |

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|---|---|
| Principal Place of Business 524 STOCKTON STREET JACKSONVILLE FL 32204 | Mailing Address 524 STOCKTON STREET JACKSONVILLE FL 32204 |
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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|--------------|--------------|-----------------------------|--|
| City & State | City & State | 4. FEI Number 58-2678558 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |



MOORE CR2E003 (11/03)

| | |
|---|--|
| 6. Name and Address of Current Registered Agent COLD, KATHLEEN H ONE INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE FL 32202 | |
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|--|-------------|
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

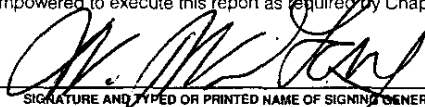
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|---|---|--|
| 9. Capital Contributions as Shown on record. \$6,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|--|

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 # | P99000053909 | STREET ADDRESS | |
| NAME | D.T.T.P. INVESTMENTS, INC. | CITY-ST-ZIP | 300031360009 03/29/04--01112--001 **141.25 |
| STREET ADDRESS | 524 STOCKTON STREET | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32204 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

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:  W W GAY, PARTNER 2/27/2004 (904) 388-2696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #