


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**


**FILED  
Mar 08, 2005 08:00 AM  
Secretary of State**

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



Principal Place of Business: 524 STOCKTON STREET, JACKSONVILLE, FL 32204  
Mailing Address: 524 STOCKTON STREET, JACKSONVILLE, FL 32204

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_



02072005 Chg-LP CR2E003 (10/03)  
4. FEI Number: 58-2678558  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
COLD, KATHLEEN H  
ONE INDEPENDENT DRIVE  
SUITE 2301  
JACKSONVILLE, FL 32202

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.

9. Capital Contributions as Shown on record: \$6,000.00  
10. Amount of Capital Contributions in FLORIDA to date: \$6,000.00  
\$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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000053909	STREET ADDRESS	
NAME	D.T.T.P. INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	524 STOCKTON STREET		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		
DOCUMENT #		STREET ADDRESS	UN0000255293
NAME		CITY-ST-ZIP	03/08/05-80008-015 141.25
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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: [Signature] 2/28/2005 (904) 388-2696  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #