


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 Mailing Address
 524 STOCKTON STREET 524 STOCKTON STREET
 JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



02072005 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
 58-2678558 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

DOCUMENT #	P99000053909
NAME	D.T.T.P. INVESTMENTS, INC.
STREET ADDRESS	524 STOCKTON STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32204
DOCUMENT #	
NAME	
STREET ADDRESS	
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	110000255293 03/08/05-80008-015 141.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *[Signature]* 2/28/2005 (904) 388-2696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #