

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000001749

**FILED**  
**Mar 16, 2009**  
**Secretary of State**

**Entity Name:** D.T.T.P. FAMILY LIMITED PARTNERSHIP, LTD.

**Current Principal Place of Business:**

524 STOCKTON STREET  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

524 STOCKTON STREET  
JACKSONVILLE, FL 32204

**New Mailing Address:**

FEI Number: 58-2678558

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLD, KATHLEEN H  
ONE INDEPENDENT DRIVE  
SUITE 2301  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #: P99000053909  
Name: D.T.T.P. INVESTMENTS, INC.  
Address: 524 STOCKTON STREET  
City-St-Zip: JACKSONVILLE, FL 32204

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

\_\_\_\_\_ Electronic Signature of Signing General Partner

MGR

03/16/2009

\_\_\_\_\_ Date