

**2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000001749

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

**Current Principal Place of Business:**

524 STOCKTON STREET  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

524 STOCKTON STREET  
JACKSONVILLE, FL 32204

**FEI Number: 58-2678558**

**Certificate of Status Desired: Yes**

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

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

*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 Detail :**

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

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: TRAVIS CAMP** \_\_\_\_\_

**GENERAL PARTNER**

**04/29/2016**

Electronic Signature of Signing General Partner Detail

\_\_\_\_\_ Date