

2015 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: No

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: DEAN PAINTER _____

GENERAL PARTNER

01/13/2015

Electronic Signature of Signing General Partner Detail

_____ Date