

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**06 MAY -1 PM 1:21**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



**DOCUMENT # A00000001474**

1. Entity Name  
**DTS FAMILY PARTNERSHIP, LTD.**



Principal Place of Business: **6819 BROKEN ARROW TRAIL  
LAKELAND, FL 33813**  
 Mailing Address: **6819 BROKEN ARROW TRAIL  
LAKELAND, FL 33813**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>41 N. ST. ANDREWS DR</b>		Suite, Apt. #, etc. <b>41 N. ST. ANDREWS DR.</b>	
City & State <b>ORMOND BEACH FL</b>		City & State <b>ORMOND BEACH FL</b>	
Zip <b>32174</b>	Country <b>US</b>	Zip <b>32174</b>	Country <b>US</b>

04242006 Chg-LP CR2E003 (11/05)

4. **59-3699272** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STRICKLAND, DEBBIE JO  
6819 BROKEN ARROW TRAIL  
LAKELAND, FL 33813**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**41 N. ST. ANDREWS DRIVE**  
 City **ORMOND BEACH** **FL** Zip Code **32174**

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

*[Signature]*

**4/25/06**

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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 #	P00000090776	STREET ADDRESS	<b>41 N. ST. ANDREWS DRIVE</b>
NAME	STRICKLAND MANAGMENT, INC.	CITY-ST-ZIP	<b>Ormond Beach FL 32174</b>
STREET ADDRESS	6819 BROKEN ARROW TRAIL		
CITY-ST-ZIP	LAKELAND, FL 33813		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

**200075026422**  
**05/22/06--01040--016 \*\*500.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*

**4/25/06**

**863 627 354**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE