

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 04, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A00000001474**

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



Principal Place of Business      Mailing Address  
**41 NORTH ST. ANDREWS DRIVE**      **41 NORTH ST. ANDREWS DRIVE**  
**ORMOND BEACH, FL 32174**      **ORMOND BEACH, FL 32174**



03172008 No Chg-LP      CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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

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

**6. Name and Address of Current Registered Agent**

**STRICKLAND, DEBBIE JO**  
**41 NORTH ST. ANDREWS DRIVE**  
**ORMOND BEACH, FL 32174**

**DO NOT WRITE IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

**U000000881983**  
**04/16/08-80022-015-500:00**  
DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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**

DOCUMENT # **P00000090776**  
NAME **STRICKLAND MANAGMENT, INC.**  
STREET ADDRESS **41 NORTH ST. ANDREWS DRIVE**  
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

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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:** *Debbie J. Strickland* **3-31-08 670-2600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE