

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 MAY 19 AM 9:39

DOCUMENT # **A0100000488**

1. Entity Name  
**DFP TWO, LTD., LLP**



Principal Place of Business  
**526 THORPE STREET  
 ORLANDO, FL 33824**

Mailing Address  
**P.O. BOX 590007  
 ORLANDO, FL 32859**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



03202006 Chg-LP CR2E003 (11/05)

4. FEI Number  
**59-3717807**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VARGO, JAMES D  
 526 THORPE STREET  
 ORLANDO, FL 33824**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P99000003730 DFP TWO CORP. 526 THORPE STREET ORLANDO, FL 33824</b>	STREET ADDRESS CITY-ST-ZIP	<b>900068199259 03/09/06--01073--013 **25.00</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>03/09/06-01073-013-\$25.00</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>900068199259 05/31/06--01032--014 **475.00</b>
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STAPLE CHECK HERE

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: *Sherry B. Daniels* **Sherry B Daniels, Gen Ptr.** 5/3/06 407-855-6161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #