2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED 00 AI ate

Due By May 1, 2008				Feb 07, 2008 08:0	
1. Entity Nam	MENT # A010000	00488		ju Se	ecretary of St
DFP TWO), LTD., LLP	• •		· ·	
Principal Plac	e of Business	Mailing Address		1	
526 THORPE STREET P.O. BOX 590007 ORLANDO, FL 33824 ORLANDO, FL 32859					
		•		02042008 No Chg-LP	CR2E003 (12/06)
DO NOT WRITE IN THIS SPACE				4. FEI Number	Applied For Not Applicable
				59-3717807 5. Certificate of Status Desired	S8.75 Additional
	6. Name and Address of Curr	ent Registered Agent		5. Cermicate of States Desired	Fee Required
VARGO, JAMES D 526 THORPE STREET				DO NOT WE	RITE
ORLANDO, FL 33824				IN THIS SPA	ACE
	named entity submits this statementions of registered agent. Signature, typed or printed name of registered a		egistered office or register	red agent, or both, in the State of Florid	ta. If am familiar with, and accept
,	FILE N	IOW!!! FEE IS \$500.00 1, 2008, Fee will be \$900.	.00		
	A GENERAL PARTNE NOTE: General Partners	R THAT IS A BUSINESS ENT MAY NOT be changed on the	TITY MUST BE REGIS o form; an amendmen	TERED AND ACTIVE WITH THIS nt must be filed to change a gen	OFFICE. eral partner.
12.		NER INFORMATION	-		
DOCUMENT # NAME	P99000003730 DFP TWO CORP.				
STREET ADDRESS	526 THORPE STREET				
CITY-ST-ZIP	ORLANDO, FL 33824		-{	9090909 na /10 /00o.	19935 0008-012 500.00
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NAME					

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 Sheery B Daniels

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

407 Daytime Phone if