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

DOCUMENT # A01000001082

1. Entity Name
DS FOUR LIMITED PARTNERSHIP

FILED Apr 24, 2006 08:00 Al Secretary of State

Principal Place of Business

607 55TH AVENUE ST. PETERSBURG BEACH, FL 33706 Mailing Address

607 55TH AVENUE

ST. PETERSBURG BEACH, FL 33706



## DO NOT WRITE IN THIS SPACE

04152006 No Chg-LP

CR2E003 (11/05)

FEI Number
 59-3740221

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRATOS-KARATSIS, DORA 607 55TH AVENUE ST. PETERSBURG BEACH, FL 33706

## DO NOT WRITE IN THIS SPACE

	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.	am familiar with, and accept
	the obligations of registered agent.	-			
٠,	CN (4%) IDC				

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.

	NOTE: General Partners MAY NOT be changed on the			
12.	GENERAL PARTNER INFORMATION			
DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP	P01000045219 DS FOUR, INC. 607 55TH AVENUE ST. PETERSBURG BEACH, FL 33706			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				
DOCUMENT / NAME STREET ADDRESS CITY-SI-ZIP				
DOCUMENT #				

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

U00000531000 05/06/06-80018-014 500.00

DATE

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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 eath, 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:

NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTINER

4/18/06

Daytime Phone is