


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # A01000001082 1. Entity Name DS FOUR LIMITED PARTNERSHIP	
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Principal Place of Business 607 55TH AVENUE ST. PETERSBURG BEACH, FL 33706	Mailing Address 607 55TH AVENUE ST. PETERSBURG BEACH, FL 33706
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DO NOT WRITE IN THIS SPACE



01252007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3740221	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STRATOS-KARATSIIS, DORA 607 55TH AVENUE ST. PETERSBURG BEACH, FL 33706

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 #	P01000045219
NAME	DS FOUR, INC.
STREET ADDRESS	607 55TH AVENUE
CITY - ST - ZIP	ST. PETERSBURG BEACH, FL 33706
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	

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U000000715445
04/27/07-80065-024 500.00

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: Dora S. Karatsis 4/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE