## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

STAPLE CHECK HERE

DOCUMENT # A0200000083								FILED				
DSJ HOLDING GROUP LIMITED PARTNERSHIP, LLLP												
								04 APR 19 AM 10: 29				
Principal Place of Business Mailing Address  16213 TALAVERA DE AVILA 16213 TALAVERA DE AVILA TAMPA, FL 33613 TAMPA, FL 33613						/ILA		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
سَدّ. 2. Principal Place of Business 3. Mailing Address												
1915 F	Aailing Address P.O. BOX 7640						10491 185000 7111081 101 10101					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04052004 Chg-LP CR2E003 (10/03)				
City & State TAMPA FL			1	City & State				4. FEI Number	<del></del>	019968	Applied For Not Applicable	
33618	Country		7	Zip Co. 33548		itry	5. Certificate of Status Desired See Required Fee Required					
6. Name and Address of Current Registered Agent						Name	7. Name and Address of New Registered Agent					
BEHUNIAK, DANIEL P 16213 TALAVERA DE AVILA							Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, F		JE AVILA				Street Address (P.O. Box Number is Not Acceptable)						
						City	<b>□</b>					
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 Fiorida. I am familiar with, and acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable to the purpose of changing its registered of the purpose of changing its registered agent, or both, in the State of Fiorida.											·	
the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and title II applicable. DATE												
9. Capital Contributions as Stown on record. \$891.00 10. Amount of Capital C in FLORIDA to date							200 4/2					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.												
12.	NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.											
DOCUMENT #	····					EET ADDRESS						
NAME STREET ADDRESS		K, DANIEL P LAVERA DE AVILA										
CITY-ST-ZIP	TAMPA, F					'-ST-ZIP		000032988 <b>74</b> 0 04/19/0401015002 **526.7				
DOCUMENT # NAME	BEHUNIA	K, GEORGIA S			STRE	EET ADDRESS		047 137 0401013002 ***320.				
STREET ADDRESS CITY-ST-ZIP		LAVERA DE AVILA			CITY	'-ST-ZIP						
DOCUMENT #	TAMPA, FL 33613					EET ADDRESS		1915 FLORESTA VIEW DRIVE				
NAME STREET ADDRESS		K, SCOTT M LAVERA DE AVILA					191	15 HO	ees ta	VIEW	DRIVE	
CITY-ST-ZIP	TAMPA, F					'-ST-ZIP	TA	TAMPA FL 3361B				
DOCUMENT # NAME	BONDURANT, JILL R					EET ADDRESS	19	13 FLO	RESTA	くほん	1 DRIVE	
STREET ADDRESS CITY-ST-ZIP	RESS 16213 TALAVERA DE AVILA				ÇITY	-ST-ZIP			i 331			
DOCUMENT #	TAMPA, FL 33613					TEX ADDRESS	, ,			<u> </u>		
NAME STREET ADDRESS					21Ht	EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP						
DOCUMENT.					STRE	EET ADDRESS						
STREET ANDRESS			CITY	-ST-ZIP		M THOMAS						
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X 4/13/04 X8/3-966-8899												
		SIGNATURE AND TYPED OR	PRINTE	D NAME OF SIGNING GENER	AL PARTNI	EA		1	/ Date	Dayt	me Phone #	