

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A02000000083**

1. Entity Name  
**DSJ HOLDING GROUP LIMITED PARTNERSHIP, LLLP**



Principal Place of Business  
**1915 FLORESTA VIEW DR**  
**TAMPA, FL 33618**

Mailing Address  
**PO BOX 2640**  
**LUTZ, FL 33548**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172007 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number  
**01-0699689**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**BEHUNIAK, DANIEL P**  
**16213 TALAVERA DE AVILA**  
**TAMPA, FL 33613**

**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

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

DATE

**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 #  
 NAME **BEHUNIAK, DANIEL P**  
 STREET ADDRESS **16213 TALAVERA DE AVILA**  
 CITY-ST-ZIP **TAMPA, FL 33613**

DOCUMENT #  
 NAME **BEHUNIAK, GEORGIA S**  
 STREET ADDRESS **16213 TALAVERA DE AVILA**  
 CITY-ST-ZIP **TAMPA, FL 33613**

DOCUMENT #  
 NAME **BEHUNIAK, SCOTT M**  
 STREET ADDRESS **1915 FLORESTA VIEW DR**  
 CITY-ST-ZIP **TAMPA, FL 33618**

DOCUMENT #  
 NAME **BONDURANT, JILL R**  
 STREET ADDRESS **1915 FLORESTA VIEW DR**  
 CITY-ST-ZIP **TAMPA, FL 33618**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

00000000000000000000  
 01/31/07-80001-003 500.00

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/17/07  
 Date

813-966-8899  
 Daytime Phone

STAPLE CHECK HERE