

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 13, 2008 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



02222008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0699689

Applied For
Not Applicable

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

**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

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

000000257938
04/01/08-80023-024 500.00

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

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

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

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

2/22/08

Date

813.966.8899

Daytime Phone #

STAPLE CHECK HERE