

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

**FILED**  
**Jan 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A02000000370**

1. Entity Name  
**D.M.S.L. MANAGEMENT, LIMITED**



Principal Place of Business  
**6000 LONG BAYOU WAY NORTH  
ST. PETERSBURG, FL 33708**

Mailing Address  
**6000 LONG BAYOU WAY NORTH  
ST. PETERSBURG, FL 33708**



01062007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3628845**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

**HODUPP, R. CHARLES  
6000 LONG BAYOU WAY NORTH  
ST. PETERSBURG, FL 33708**

**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, 2007, Fee will be \$900.00**

000000585746

01/16/07 000000014 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 # **P01000072468**  
NAME **D.M.S.L. MANAGEMENT, INC.**  
STREET ADDRESS **6000 LONG BAYOU WAY NORTH**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33708**

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IN THIS SPACE**

STAPLE CHECK HERE

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:**

*Deborah I Hodupp*  
**Deborah I Hodupp**

**1/8/07**

**(727) 393-2445**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #