## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

CHECK HERE

SIGNATURE:

## FILED Jan 24, 2008 08:00 AN **DOCUMENT # A03000001749 Secretary of State** D.T.T.P. FAMILY LIMITED PARTNERSHIP, LTD. Principal Place of Business Mailing Address **524 STOCKTON STREET** 524 STOCKTON STREET JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 01162008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 58-2678558 \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent COLD, KATHLEEN H DO NOT WRITE ONE INDEPENDENT DRIVE **SUITE 2301** IN THIS SPACE JACKSONVILLE, FL 32202 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 Sgrature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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. GENERAL PARTNER INFORMATION DOCUMENT # P99000053909 D.T.T.P. INVESTMENTS, INC. NAME STREET ADDRESS **524 STOCKTON STREET** CITY-ST-ZIP JACKSONVILLE, FL 32204 U00000795278 01/28/08-80041-008 500.00 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIE DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT A NAME STREET ADDRESS CITY-ST-7IP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not colalify 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 by execute this report as required by Chapter 620, Florida Statutes