



# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN 13 AM 9:38

<b>DOCUMENT # A04000001068</b> 1. Entity Name DPC 2&3, LLP					
Principal Place of Business 196 LAUREL LN PONTE VEDRA, FL 32082			Mailing Address 196 LAUREL LN PONTE VEDRA, FL 32082		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip			City & State  Zip		
Country			Country		
4. FEI Number 20-1315438			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  JAX REALTY ADVISORS, INC. 196 LAUREL LN PONTE VEDRA, FL 32082			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date. \$50,000.		FEE WAS PREVIOUSLY SUBMITTED WITH SUPP. AFFIDAVIT.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	VENIARD, KENNETH		CITY-ST-ZIP		
STREET ADDRESS	12408 GLENSHEE CT		CITY-ST-ZIP		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	P04000033110		CITY-ST-ZIP		
STREET ADDRESS	JAX REALTY ADVISORS, INC.		CITY-ST-ZIP		
CITY-ST-ZIP	196 LAUREL LN		CITY-ST-ZIP		
CITY-ST-ZIP	PONTE VEDRA, FL 32082		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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 			04/27/05 (904) 273-1283		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

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