

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 28 AM 10:40

DOCUMENT # A06000001375

1. Entity Name
D&BFT LLLP



Principal Place of Business
**6260 DUPONT STATION COURT, STE D
JACKSONVILLE, FL 32217**

Mailing Address
**6260 DUPONT STATION COURT, STE D
JACKSONVILLE, FL 32217**

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

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242008 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number

41-2226822

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

7. Name and Address of New Registered Agent

**OUREDNIK, KAREL
4925 BEACH BLVD
JACKSONVILLE, FL 32207**

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, 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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	6278 DUPONT STATION COURT, STE 1
NAME	PRICE, CHARLES	CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32217
STREET ADDRESS	6260 DUPONT STATION COURT, STE D		
CITY-ST-ZIP	JACKSONVILLE, FL 32217		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

800130678738

06/03/08--01021--019 **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 of trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Charles Price

4/24/2008 904 367-1700 x1

Date

Daytime Phone #

31 FILE HERE

**SIGN
DATE**