2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # A96000002407

1. Entity Name

DWT GROUP, LTD.

Principal Place of Business	Mailing Address
5700 ESCONDIDA BLVD., UNIT 406 ST. PETERSBURG FL 33715	5700 ESCONDIDA BLVD., UNIT 406 ST. PETERSBURG FL 33715

1st MOORE CR2E003 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3424812 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THALER, DAISY W
5700 ESCONDIDA BLVD., UNIT 406
ST. PETERSBURG FL 33715

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

FILE NOW!!! Fee is $500. * After May 1, 2008, fee will be $900. *** Make check payable to Florida Department of State.**

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	
NAME	THALER, DAISY W		
STREET ADDRESS	5700 ESCONDIDA BLVD., SUITE 406	CITY-ST-ZIP	
CITY-ST-ZIP	ST. PETERSBURG FL 33715		
DOCUMENT #		STREET ADDRESS	
NAME	THALER, JAMES D SR.		
STREET ADDRESS	5700 ESCONDIDA BLVD., SUITE 406	CITY-ST-ZIP	800000890705 04/22/08-80106-002 508.75
CITY-ST-ZIP	ST. PETERSBURG FL 33715		
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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: Daisy W. Thaler Daisy W. Thaler 4/7/08 727-864-1811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #