
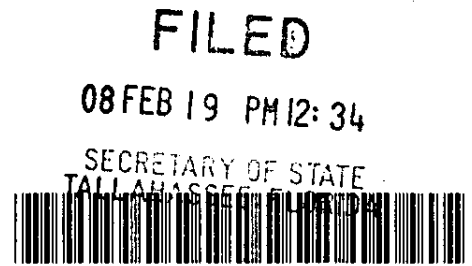


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

<b>DOCUMENT # A98000000363</b>					
1. Entity Name STDCO, LTD.					
Principal Place of Business 2139 LA VACA DRIVE JACKSONVILLE FL 32217			Mailing Address 2139 LA VACA DRIVE JACKSONVILLE FL 32217		
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 59-3600092	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent  HOLBROOK, H. LEON HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A. ONE INDEPENDENT DRIVE, SUITE 2301 JACKSONVILLE FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 # NAME STREET ADDRESS CITY - ST - ZIP	F98000000424 DNG COMPANY INC., D/B/A/ DONDINE, INC. 2070 NAAMANS ROAD, SUITE 266 WILMINGTON DE 19810	STREET ADDRESS CITY - ST - ZIP	12857 Fort Caroline Road Jacksonville, Florida 32225
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	900118554359 02/21/08--01037--007 ***500.00
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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:** Nadine Bramling 1-26-08 904-641-1344  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date D-wine Phone #