

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

DOCUMENT # B00000000398

1. Entity Name
DELOITTE SERVICES LP



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 AUG -1 AM 9:40

Principal Place of Business
 4022 SELLS DRIVE
 HERMITAGE, TN 37076

Mailing Address
 4022 SELLS DRIVE
 HERMITAGE, TN 37076

2. Principal Place of Business
1633 Broadway
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.



07122006 Chg-LP CR2E003 (11/05)

City & State
New York, NY
 Zip
10019 Country
USA

City & State
 Zip Country

4. FEI Number
 13-4147118 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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 \$900.00
On or after September 6, 2006, Fee will be \$1000.00

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

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

M00000002710
 D&T SERVICES GP LLC
 4022 SELLS DRIVE
 HERMITAGE, TN 37076

13. ADDRESS CHANGES ONLY

STREET ADDRESS
 CITY-ST-ZIP

800078465308
 08/08/06--01022--018 **900.00

DOCUMENT #
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 CITY-ST-ZIP

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STREET ADDRESS
 CITY-ST-ZIP

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: *Barb S Newman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7-13-06
 Date

Barbara S. Newman, Partner, Deloitte & Touche USA LLP
 Deloitte & Touche USA LLP, member
 D&T Services GP LLC
 D&T Services GP LLC Partner Deloitte

STAPLE CHECK HERE