


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 AUG -1 AM 9:40

DOCUMENT # B00000000398	
1. Entity Name DELOITTE SERVICES LP	

Principal Place of Business 4022 SELLS DRIVE HERMITAGE, TN 37076	Mailing Address 4022 SELLS DRIVE HERMITAGE, TN 37076
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2. Principal Place of Business <i>1633 Broadway</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>New York, NY</i>	City & State
Zip <i>10019</i>	Country <i>USA</i>



07122006	Chg-LP	CR2E003 (11/05)
4. FEI Number 13-4147118	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 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
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B. 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 \$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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M00000002710	STREET ADDRESS	
NAME	D&T SERVICES GP LLC	CITY-ST-ZIP	
STREET ADDRESS	4022 SELLS DRIVE		
CITY-ST-ZIP	HERMITAGE, TN 37076		
DOCUMENT #		STREET ADDRESS	
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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* **7-13-06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **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