


18141.25

2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

APPROVED
AND
FILED

05 APR 28 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B03000000283	
1. Entity Name GENERAL DYNAMICS OTS (GARLAND), L.P.	

Principal Place of Business 10101 DR. M. L. KING ST., NORTH ST. PETERSBURG, FL 33716	Mailing Address 10101 DR. M. L. KING ST., NORTH ST PETERSBURG, FL 33716
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04152005 Chg-LP CR2E003 (10/03)

4. FEI Number 42-1599987	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAMERON, DEL S ESQ 10101 DR. M. L. KING ST., NORTH ST. PETERSBURG, FL 33716	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. \$3.00	10. Amount of Capital Contributions in FLORIDA to date. \$141.25
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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	M03000002485 GENERAL DYNAMICS OTS (SOUTHERN MUNITIONS) 10101 DR. M. L. KING ST., NORTH ST PETERSBURG, FL 33716	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	600054343806
		CITY-ST-ZIP	05/12/05--01078--005 **791.25
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		CITY-ST-ZIP	
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		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Del S. Dameron</i>	<i>Del S. Dameron</i> 4/18/05	Lisa Golden, Paralegal 727-578-8340
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Daytime Phone #</small>

STAPLE CHECK HERE