


141.25

2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

DOCUMENT # B04000000550

1. Entity Name
DJT VENTURE NO. ONE, L.P.



Principal Place of Business
16910 DALLAS PARKWAY STE 100
DALLAS, TX 75248

Mailing Address
16910 DALLAS PARKWAY STE 100
DALLAS, TX 75248



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07272005 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CORNERSTONE MANAGEMENT & LEASING INC.
1936 SAN MARCO BLVD.
JACKSONVILLE, FL 32207

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

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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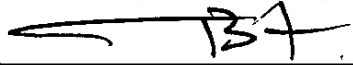
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M98000000748	STREET ADDRESS	
NAME	ST. IVES HOLDINGS LLC	CITY-ST-ZIP	
STREET ADDRESS	16910 DALLAS PARKWAY STE 100		
CITY-ST-ZIP	DALLAS, TX 75248		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #