

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

2004 JUL 27 A 11: 53


SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



07202004 Chg-LP CR2E003 (10/03)

DOCUMENT # B00000000398

1. Entity Name
DELOITTE SERVICES LP



Principal Place of Business
**1633 BROADWAY
 NEW YORK, NY 10019**

Mailing Address
**4022 SELLS DRIVE
 HERMITAGE, TN 37076**

2. Principal Place of Business
4022 Sells Drive
 Suite, Apt. #, etc.

3. Mailing Address
4022 Sells Drive
 Suite, Apt. #, etc.

City & State
Hermitage TN

City & State
Hermitage TN

Zip Country
37076

Zip Country
37076

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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. **\$1.00**

10. Amount of Capital Contributions in FLORIDA to date.
52.50 + 88.75 + 8.75 = 150.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	M00000002710 D&T SERVICES GP LLC 4022 SELLS DRIVE HERMITAGE, TN 37076	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	800039956128
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	03/06/04--01056--011 **150.00
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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: Barbara A Newman Date: 7-21-04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #