

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A03000001749
 1. Entity Name
 D.T.T.P. FAMILY LIMITED PARTNERSHIP, LTD.



Principal Place of Business Mailing Address
 524 STOCKTON STREET 524 STOCKTON STREET
 JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204



01132008 No Chg-LP CR2E003 (11/05)
 4. FEI Number Applied For
 58-2678558 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 COLD, KATHLEEN H
 ONE INDEPENDENT DRIVE
 SUITE 2301
 JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

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 file if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 #	P99000053909
NAME	D.T.T.P. INVESTMENTS, INC.
STREET ADDRESS	524 STOCKTON STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32204
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

000000418022
 02/13/06-80080-006 500.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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:  **PARTNER** **1/31/2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #