


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

DOCUMENT # B00000000398	
1. Entity Name DELOITTE SERVICES LP	

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

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)

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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code

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